VIII ... No. 1

THE

Public ... alth Nurse
... terly

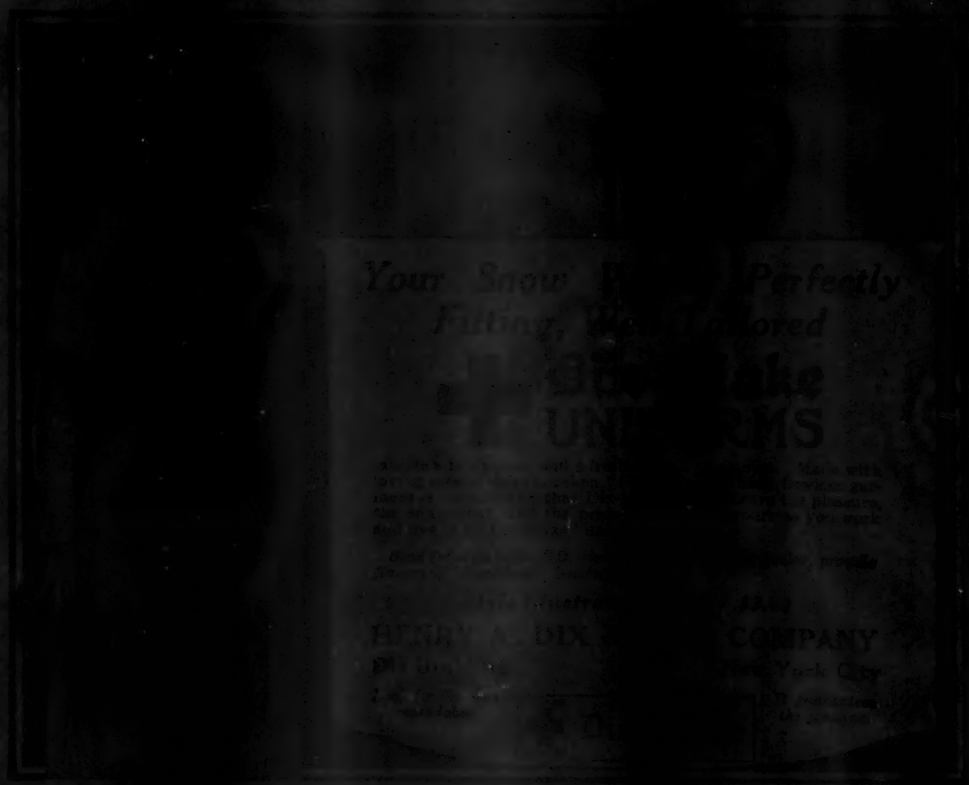
... R, 1916

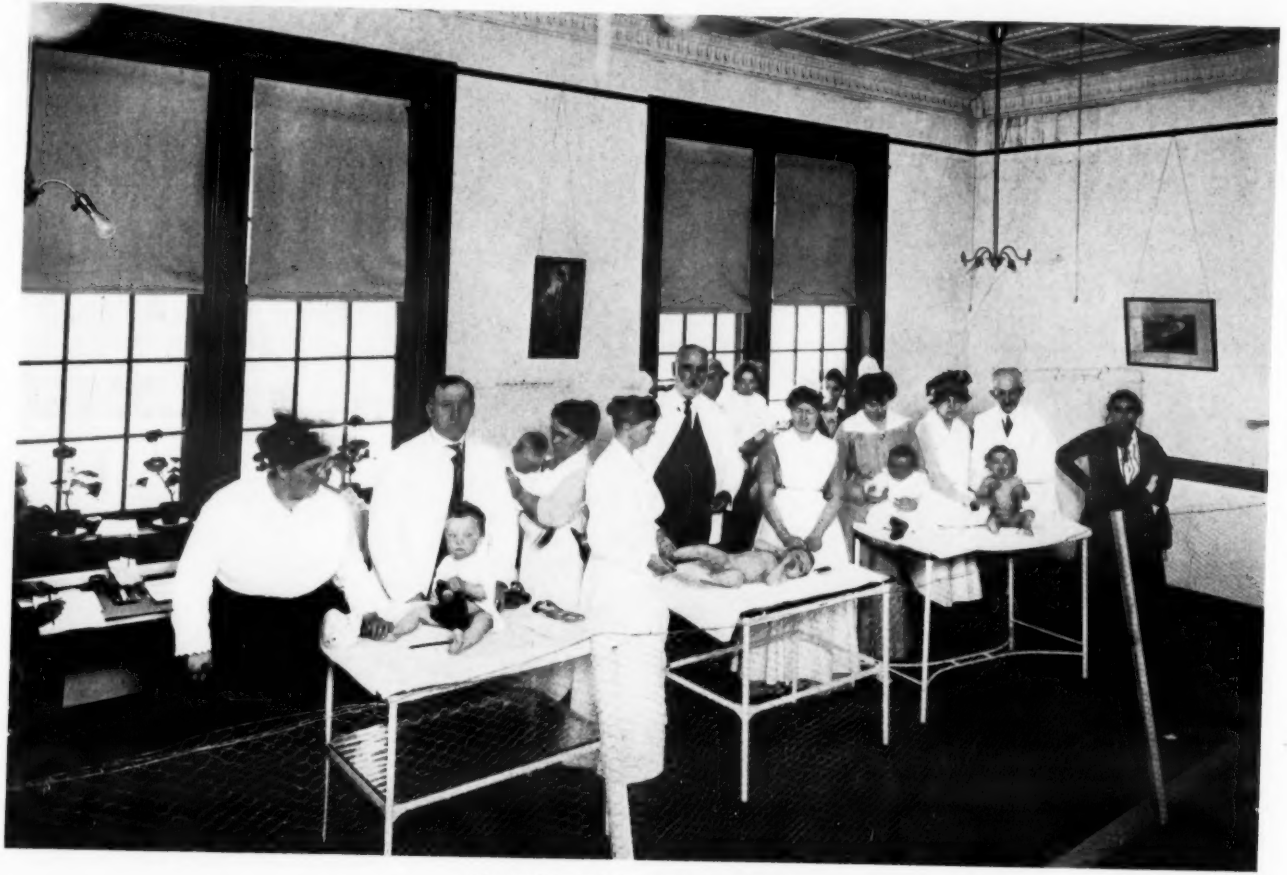
... NTS

... HED BY
THE ... ORGANIZATION
... PUB... TH NURSING

...9-... ... venue, Baltimore, Md.

... the Baltimore Post Office under Act of ...





STAMFORD BABY WEEK EXHIBIT.

The
Public Health Nurse Quarterly

VOL. VIII OCTOBER, 1916 No. 4

Editorials

I

Why Not Always a Pioneer?

The pioneer stages of almost all sound enterprises, especially those undertaken unselfishly in the interest of one's fellow men, seem to excite in the worker enthusiasm, hopefulness and great courage. In this early period obstacles only stimulate the desire to overcome them and failures are rated rather as friendly warnings than as discouragements to further striving. A sense of joyous effort animates everyone and the first steps go striding forward with a wonderful swing. Later on a quieter phase of growth follows and very often the day's work seems almost to fall into the slough of dreary routine.

In the beginning we do seem to get a greater return for the energy we invest than we get later on, and undoubtedly we do invest a greater amount of effort at first in order to get

the thing actually started than we could well keep up, steadily for all time. All of us can testify that the pioneer lives and does greatly, and transcends his usual self. We are also sure that in the beginning of any work it is easier to see progress and achievement, because the first steps have a character separate and apart from all other steps, since they mark the impulse of life which called the thing into being. No purer happiness certainly can come to us mortals than that of sharing in a creative effort, and at such moments our strength is as the strength of ten and seems equal and ready for the highest tasks.

However, who knows but that if our vision were clearer and our spirit more in accord with Truth we should feel that every day is as new a day as the first day of Creation and that we are new people in a new world? If we could but divest ourselves of the tendency to grow rigid and inert in the midst of universal growth and change we might have a better understanding of the world about us.

The danger is in getting so over occupied and anxious that we do not surrender ourselves to the influences which restore and heal us and help us to remain sensitive to the adjustments and changes which the living must always meet in a world of life. Hardly any of us realize how necessary it is to guard ourselves against the kind of overdoing and over strain which darkens our understanding, causes love to grow less in the heart and makes of us simply burden bearers and taskdoers instead of the children of a Creative God, found worthy to help in the work of His Creation.

II

A Word as to the Duties of Organizers

How hard it is to strike a happy balance between order and chaos, between the work which tends to settle down into ruts and grooves and the work which rambles about happily, maybe, but nevertheless aimlessly, without bit or bridle!

Any good set of intentions, hopes and plans must, of course, be given a body of laws and prescribed times and seasons with

which to enter a working world; but careful indeed must you be to have *all* the fairies at the Christening, else your child will surely have some one terrible defect that will more than offset all her virtues.

The particular flaw which occurs in the organization of work seems to us too frequently that one sets the organization over the organizers, and that one inverts the rôle of master and slave. The principle thing to keep alive in all groups of people who come together for the purpose of doing good is the habit of freely discussing all issues with frankness and courage. How else can a group of persons reflect the variety and shades of thought and opinion of its members and secure the benefits of this collective entity? But if organization tends toward becoming stereotyped and inert, just so surely does lack of organization tend toward diffusion, aimlessness and inanition. Sometimes one asks oneself why it is that groups of persons do not remain frank, simple, painstaking and plain in their composite relationships, and why it is that the way a thing has been done sits so heavily on the way that it might be done. Nevertheless, Order has led us up out of Chaos, and we must stay by the former, even though some of us suspect that a vast amount of goodness still remains without form and, though formless, permeates all form, living and giving life thereby.

III

A Reminder of Work to be Done Together

We are anxious once again to call to the attention of our readers the Recommendations of the National Organization, because it is only by working together toward definite goals that we accomplish the greatest good and secure the greatest measure of benefit from being allied with each other through the length and breadth of the country.

A common task will unite us in a hundred different ways, and in doing the same things at the same time together we will recognize the collective will which once a year expresses itself and seeks to express the needs and desires of all its members. It is good to work toward definite objects, to do one's best to attain fixed goals, knowing that one race is run in order to set the runner free to start out on another.

A Reminder of the Recommendations of the National Convention

To the end that a larger proportion of public health nursing organizations and of individual public health nurses may be stimulated to make serious effort to put into effect the decisions of the National Convention, we are re-publishing the more important of the recommendations made at the meeting in New Orleans early last May.

It is earnestly requested that nurses and organizations that are trying to carry out these recommendations will write and tell us of their experiences, in order that these experiences may be published in the QUARTERLY. It is hoped that by thus gathering together the threads of the year's practical efforts along these distinct lines their results may be more intelligently gauged and an added stimulus may be given to the counsels which shall direct the course of next year's work.

Recommendations

Affiliation of Public Health Nursing Organizations with Women's Clubs

That the National Organization for Public Health Nursing urge its local and state corporate members to lose no opportunity to affiliate, for their mutual benefit, with local and state organizations of women; and that women's clubs, local, state and national, be urged earnestly to consider the promotion of public health nursing as their next field of endeavor.

Public Health Nurses and the Mental Hygiene Movement

That visiting nurse associations, whenever possible, offer the services of the visiting nurses to do follow-up work in the homes of patients dismissed from institutions for the mentally ill and to report to such institutions the conditions found in the homes.

Public Health Nurses and the Giving of Material Relief

That Public Health Nurses should disassociate themselves from the giving of material relief; and that where relief giving is regarded by the nurse as an indispensable part of her service to a community she organize, if possible, a committee to supervise it apart from her own public health nursing organization.

Extension of Visiting Nursing Service

That visiting nurse associations should extend their services to *all* those requiring visiting nursing service, charging a fee whenever feasible, such charges to be based upon the cost to the association.

Public Health Nursing under Municipal Control

That if Public Health Nursing be transferred from private to municipal control every influence should be used to have advisory boards, composed of people interested in standards of nursing, appointed to confer with the municipal officers.

The Relation of Public Health Nurses to Osteopaths and Chiropractors

That Public Health Nurses be asked to report to the National Organization the calls that they receive from osteopaths and chiropractors and the rulings that are made in the various states as to the rendering of service by nurses under such practitioners.

How the Public Health Nurse Can Help to Control Cancer*

CURTIS E. LAKEMAN

More and more the special organizations fighting particular diseases, as well as the public health authorities charged with the prevention of disease in general, are turning to the nurse and above all to the public health nurse as an indispensable assistant in nearly all their lines of endeavor. The campaign for the control of cancer marks no exception to this rule, since with this disease in some respects more than others the nurse has an unusual opportunity for effective service. Cancer is a disease which people do not like to talk about. It used to be the same with tuberculosis, and those directing the modern campaign of social hygiene meet with a similar difficulty. The enemy's first line trench is constructed of ignorance and mystery and unwillingness to face the facts. This barrier must be overcome before the forces of public health can advance. In the case of cancer this attitude is largely based on the deeply ingrained notion that the disease in each and every one of its many forms is hopelessly incurable and that a diagnosis of cancer is equivalent to a sentence of death. This is radically untrue and the first step toward reducing the excessive and preventable mortality from this disease is to spread the positive hopeful message that cancer, like tuberculosis, is curable if promptly recognized and treated in its early stages. This being the case, the special opportunity of the nurse arises from the fact that many patients, particularly women, will discuss with nurses signs and symptoms that are beginning to cause worry long before they will make up their minds to go to a doctor. This natural advantage of the nurse is increased by the fact that she becomes tem-

---

* An article by the same writer on "Efforts for the Improvement of Cancer Registration" appeared in the American Journal of Public Health, August, 1916, issue.

porarily a member of the family or makes frequent visits in the course of public health nursing duties and thereby soon becomes the confidential advisor regarding many matters of sickness and health.

To exercise to the full these opportunities for humane service the nurse must herself know the danger signals of cancer in its most important forms. In order that she may obtain a wider conception of her duties and opportunities and be inspired to do her part she should also have a general knowledge of the campaign against this disease and the possibilities of checking the increasing death rate by the education of the public. To this end the American Society for the Control of Cancer is endeavoring to have schools of nursing provide adequate instruction regarding the early signs of the disease and is taking advantage of every opportunity to have the topic discussed at the national and state conventions of nurses. The American Nurses Association, the National Organization for Public Health Nursing and the League of Nursing Education have each adopted formal resolutions in support of the cancer campaign and speakers representing the Society have appeared before them and before a number of the state and local organizations. A series of articles on the various forms of the disease is being published in the *American Journal of Nursing* and the *Public Health Nurse Quarterly*. The object of the present paper is to offer a brief account of this campaign and to urge all public health nurses to do their part.

Cancer at First a Local Disease

The plan upon which the present efforts for the control of cancer are based is fundamentally simple in its conception and its essence is contained in the apt old adage "a stitch in time saves nine." Practically without exception cancer is at first a local disease beginning in a microscopically small portion of the body. That means that theoretically it would always be easily curable if the small spot could be recognized and removed in time. The first practical difficulty is to recognize it soon enough. Admittedly this is sometimes very hard if not impossible. The second practical difficulty and that

which can more easily be overcome by education and practical effort is to get the patient to consult a physician about it soon enough after he or she recognizes that something is wrong. If all cases that came to treatment were early cases a great many more patients would be cured. We should then hear no more of the menace of cancer for the death rate would rapidly diminish instead of slowly but surely increasing as it is now doing.

Need of Educating the Public

The problem, then, is to get the case into the hands of a competent medical advisor while it is still in the early and curable stage, or even more fortunately, while the patient exhibits merely those conditions which are now widely recognized as predisposing factors in the causation of cancer. No matter how great his skill or how modern his knowledge the doctor cannot help a patient who does not come to him. The people must therefore be taught to recognize the disease when it first begins and to realize that early surgical removal, or the application of other modern remedies which are sometimes useful in competent hands, is the only hope of cure and that that hope is very great if the patient is wise enough to act promptly. It is easy for a certain type of mind to make the charge that propaganda of this kind represents only another scheme of the doctors to get patients. Fortunately it is also easy to answer that the doctors lose rather than gain since nearly every cancer patient gets into the doctor's hands sooner or later and in the early stages the operation is comparatively small and trifling while in the later stages it may be desperate and costly.

Causes of Delay

One reason that cancer patients today fail to seek the doctor's advice in time is probably that they do not realize that cancer starts from such trifling beginnings or if they do have a suspicion that they may have cancer, people conceal it either from superstitious fear or false and fatal modesty. The old fashioned idea that cancer is a blood disease and is inherited still exerts a wide and baleful influence and must be overcome by spreading the modern knowledge that practi-

cally all forms of malignant growths are at first strictly localized, and that heredity has not been shown to play any important rôle in the development of cancer.

Another great obstacle in controlling this disease is the belief already referred to that it is a hopeless incurable affliction. Unfortunately by the time the average individual has learned from personal experience what to do about cancer it is usually too late for him to profit by the knowledge. A child has to be burned to learn that fire is hot. He is apt to grow up and to have had the toothache many times before he learns that it is better to see a dentist occasionally even though not driven to him by pain. Unfortunately with cancer there is usually no pain to demand attention when it is still early enough to apply the remedy. By the time the symptoms are so marked as to alarm the uninformed and unfortunate victim it may be too late, for the invading cancer will probably have obtained a foothold from which it cannot easily be dislodged. If indeed the early symptoms of cancer caused half as much trouble as a toothache many more lives would be saved because the patient would be driven to the doctor in time. This ignorance of symptoms which do not cause pain is a most serious obstacle to increasing the number of cures and the necessary knowledge in such cases is just what the educational campaign is endeavoring to impart. Unless prepared to recognize the signs that mark the beginning of cancer people are helplessly open to its ravages. A little knowledge in this case is not dangerous; it is essential. Without having to become an expert diagnostician every intelligent man and woman and above all every trained nurse may be expected to be familiar with the elementary facts about the disease. The first symptoms of cancer are like lighthouses. To the unthinking observer these are merely strange lights in the dark distance with no special significance. To the navigator lighthouses are the beacons which mark dangerous reefs or rocks, reaching his intelligent attention with their message of how to steer to save the ship.

While then we must frankly admit that our scientific knowledge of the origin of cancer is still in many points imperfect, our practical power of arresting its onset and saving

the patient in individual cases is already in many respects satisfactory. Some doctors believe that possibly three-quarters of the deaths from cancer and all the attendant suffering could be prevented if all members of the medical and nursing professions as well as the public were adequately instructed in what they each ought to know about this disease. The nurse should therefore welcome every opportunity to add to her knowledge of the nature and danger signs of early cancer. Those in administrative positions in nursing schools should see to it that these facts are adequately presented to their pupils. Competent surgeons everywhere will be found willing to assist in these efforts since no one realizes more clearly than they what valuable service the nurse can render in this department of the public health movement.

The Essential Facts About Cancer

The facts are easily available. The publications of the American Society for the Control of Cancer will be sent to any nurse sending her name to the office, 25 West 45th Street, New York City. The American Medical Association, 535 North Dearborn Street, Chicago, has also published an excellent series of brief pamphlets on different forms of cancer. The following summary is therefore not intended to be in any sense a complete review of the subject but merely to include some of the essential facts which every nurse should know. These statements are based on the publications of the Cancer Society as authorized by its National Council, which includes many of the foremost American physicians, surgeons and pathologists.

The Prevalence of Cancer

Cancer now causes at least 80,000 deaths every year in the United States. It is chiefly a disease of adult life, 83 per cent of deaths from cancer occurring at ages of 45 and over. In this country cancer causes one death in every eight among women and one in every fourteen among men over 40 years of age.

It is a disease of special interest to women. Between

the ages of 35 and 45 three times as many women as men die of cancer; between 45 and 55 twice as many. This excessive mortality among women is apparently due to cancer of the breast and the generative organs. These forms of the disease, like others, are usually curable by competent treatment in the early stages.

The recorded cancer death rate appears to be increasing in nearly every country. In the United States it has risen from 62.9 per 100,000 of population in 1900 to 78.9 in 1913. The increase, however, does not affect equally all types of the disease some of which appear to have reached a high point and to be now on the decline.

The Nature of Cancer

Cancer is a lawless growth of body cells which destroys life if allowed to run its course. Cancer cells escape the control of the laws of the body which govern the growth of normal cells and grow at a more rapid rate. The abnormal growth continues until a mass or tumor is formed and surrounding tissues are invaded. Eventually parts of the original growth may break off and be carried through the blood or lymph vessels to other organs and tissues of the body where they start secondary growths. It is the extension of the disease in this manner that leads to the common but erroneous belief that cancer is a constitutional or blood disease. Cancer is on the contrary at first a purely local growth and in the early stages is usually removable and curable.

Predisposing Factors

While we do not know the ultimate cause which starts the lawless growth of cells, we know a great deal about the conditions under which this growth begins. Extremely significant in this respect are the various forms of chronic irritation and the abnormalities of tissue found in benign growths or continuing ulcerations. The most important fact developed by the newest knowledge of cancer is that there is no hard and fast distinction between benign and malignant growths, but the latter often arise from the former.

Cancer may therefore be prevented by preventing any form of chronic irritation. Persistent ulcerations, cracks and sores, and warts, moles or birth marks which change in appearance or grow larger should be removed. Intelligent attention to these "precancerous conditions" and periodic examination by a competent physician or surgeon will greatly reduce the danger of developing the disease itself.

Cancer of the Breast

This is one of the most hopeful and curable forms of cancer because early diagnosis is comparatively easy. Nevertheless the disease spreads rapidly from this locality and immediate treatment is imperative.

In general cancer is not painful during the curable stages and in the breast in particular any lump is vitally important whether painful or not. The only exceptions are the lumps suddenly appearing in the nursing breast which are usually temporary and unimportant. While many persistent lumps are not cancer any of them may turn into cancer. Those which appear after 30 years of age are especially important. All lumps in the breast at any age should therefore be promptly seen by a competent surgeon since as a rule they demand prompt removal. By no means all women realize this and here is one of the chief opportunities of the nurse to give life saving advice. The nurse may also explain the comparatively trifling nature of the operation for the removal of small lumps and the fact that little or no disfigurement takes place if the lump proves benign. On the contrary delay means radical operation which though necessary may be dangerous and mutilating. It should be remembered that any lump which is allowed to persist until it is recognized as cancer will prove fatal if further neglected.

Cancer of the Uterus

This is a frequent disease. Formerly it was among the most hopeless forms of cancer but now conditions are better because early diagnosis and removal is possible and under modern methods relatively safe. Many thousands of patients

could be saved if the surgeon were consulted earlier but unfortunately women have very erroneous ideas on this subject. One of the commonest errors is the belief that excessive flowing at the change of life is normal and to be expected. Again and again the doctor secures this history from patients too far advanced with cancer of the uterus to permit of successful operation. The nurse should warn women that excessive flowing at any period of life is abnormal and should be investigated. At the time of menopause it is very suspicious. It may be due to a benign tumor or to other non-cancerous conditions but it is absolutely essential to know exactly what the cause is. Pelvic pain and foul discharge are late symptoms and when they appear it is usually too late for radical cure although the patient may be benefited by proper treatment. Women past the change of life should be made to realize the necessity of seeking advice when there is a return of the flow. This is a very important sign of danger and should be investigated at once. The nurse should therefore insist upon women consulting their physicians at once upon the first appearance of anything abnormal.

The first warning signs of this disease may best be summarized as (1) any change in the menstruation and (2) any change in a discharge which has been usual with the patient. Any spotting following injury to the cervix as with douche, examination, etc., is especially significant. Watery, slightly stained discharges are also particularly important. These are not necessarily signs of cancer but they are warnings which should lead to immediate consultation with a doctor and to immediate and thorough examination. The nurse should explain the necessity of such examination and point out that treatment without thus making certain of the cause of the trouble is wrong and by causing delay may still further endanger life.

Cancer of the Digestive Organs

Cancers of the stomach, intestines, and liver are frequent and formidable types of the disease which are common to both sexes and cause about 40 per cent of all deaths from cancer. While the probability of cure is here considerably less

than in the locations previously discussed, cancer of these organs can still be successfully removed if the diagnosis is made early enough. This statement does not apply to cancer of the liver since the disease cannot be removed from that organ, but fortunately primary cancer in this location is rare.

Cancer of the stomach and intestines is at best one of the most difficult forms of the disease with which to deal and the earliest possible attention to danger signals is doubly imperative. The onset is often so insidious that malignancy may be far advanced when the first warning comes. Since cancer of these organs cannot be seen until the abdomen is opened it is necessary at first to depend largely upon symptoms for a diagnosis. The X-ray, however, can often demonstrate suspicious changes in the outline of the stomach or intestine. Moreover, the normal function of the organ attacked is usually interfered with early and this ought to arouse suspicion. Neither in these forms of the disease nor in any other should the nurse ever undertake the responsibility of making a diagnosis in a suspicious case. Her full duty is discharged when she warns patients with certain symptoms that they *may* have something serious the matter, and urges them to seek competent medical advice. Especially is this true of patients of 35 or 40 years of age and over whose symptoms point to the disturbance of digestive function. Indigestion is a very common complaint but in a person over 40 who has not had it before, especially if accompanied by loss of weight, it is something that should at least lead one to think of cancer. It is by no means a sure indication of cancer of the stomach but if it persists it is well to be on the safe side and have a thorough examination with the aid of all modern methods of diagnosis, particularly the X-ray. A change in appetite such as a distaste for meat is not infrequently a symptom of cancer of the stomach. Pain at the pit of the stomach and vomiting, often without visible blood, are still graver danger signals.

The first symptoms of cancer of the intestines are similar. Persisting diarrhoea, with bleeding, is a common warning sign. Cancer of the rectum is frequently mistaken for hemorrhoids and treated as such. Bleeding from the rectum is often due to this cause but it may be an early symptom of cancer

and therefore in any event demands thorough examination. Only in this way can a differential diagnosis be made and here again treatment without examination is wrong.

External Cancer

There is less excuse for failure to suspect the possibility of cancer on the external surfaces of the body where the growth can be seen and inspected. Cancer of the lip or tongue, for instance, should be suspected when any sore on these parts does not heal and disappear. Cancer of the lip in its beginning often resembles the common cold sore but, of course, persists when a cold sore would rapidly clear up. The disease is more common among men than among women and is supposed to be due to irritation such as that produced by smoking, neglected sores or cracks in the lips, etc.

Cancer of the tongue has been frequently traced to constant irritation from badly fitting or broken dental plates, sharp edges of decayed teeth, etc. Smoking as a form of chemical irritation produces a chronic inflammation of the tongue and the formation of small fissures or ulcers. Any ulceration of the tongue that does not quickly respond to treatment should be considered malignant until it is proved otherwise. Cancer of the tongue spreads rapidly necessitating a severe and dangerous operation and only if the case is seen early and promptly treated is there even a fair chance for a permanent cure. Nitrate of silver or other caustics must not be applied to irritative ulcers of the tongue. This treatment in the case of unrecognized cancer will stimulate the malignant growth.

Cancer of the skin frequently originates in benign lumps or ulcerations. Most warts and moles are unimportant but those which change in size, shape, or appearance or are subject to irritation should be regarded with suspicion. Their removal may prevent cancer. Persistent irritation, ulcerations, or lumps anywhere in the skin should be watched. If there is an increase in the rate of growth or if ulcerations appear such conditions should be removed at once. Competent treatment of these so called precancerous lesions and of actual

early cancer of the skin means as a rule a minor operation or the use of X-ray or radium. The use of caustics in competent hands is sometimes successful but as a rule other methods are safer and produce less deformity.

Heredity and Contagion

Cancer has not been proven to be hereditary. Recent demonstrations of the inheritance of a liability to cancer in certain strains of mice must be confirmed and extended to other species of animals before the conclusions can be applied to human beings. Even those holding the strongest views on this topic only maintain that a tendency to cancer is inherited and not the disease itself. The large number of cases occurring in some families can readily be explained by chance since cancer is a very frequent disease, especially among older people. In the light of present knowledge the public should not worry about the possibility of inheriting cancer.

Cancer is not contagious or infectious. Allegations to the contrary based on supposed "cancer houses," "villages" and "streets" do not bear the light of critical examination. Nearly all such aggregations of cases have been shown to be due to special conditions such as an unusual preponderance of old people among whom the cancer death rate would naturally be high.

The possibility of transferring cancer from one person to another by direct contact should be practically disregarded. In all the thousands of recorded operations for cancer there is no report of a case acquired from the patient by any surgeon or nurse. Cruel neglect of some patients has been known to occur because of groundless fear of "catching" the disease. This is doubly unfortunate since cancer in the incurable stages demands the extreme of patience and humane care of the sufferer.

Ordinary care and cleanliness should, of course, be observed in attending cancer patients as in cases of any kind of illness, but isolation and fumigation as in the case of contagious diseases is not called for. Soiled dressings should be carefully collected and disinfected or burned, not because there is any

danger of contagion of cancer but because the discharges and dressings contain germs such as those which cause boils, erysipelas and other skin inflammations.

Cancer Cures and Quacks

The nurse should lose no opportunity to warn against the misleading and dangerous quack remedies and treatments offered for the cure of cancer. There is no more despicable aspect of human nature than that which would take advantage of the desperate fears and hopes of sufferers from this disease. All "cancer cures" and advertisements are swindles. Such "cures" are generally speaking of two classes: (1) drugs for internal use in connection with certain antiseptic washes, and (2) pastes or poultices containing strong chemical caustics. There is no medicine that will cure cancer and while drugs offered for this purpose may be harmless they are valueless and may cause the loss of vitally important time while the cancer develops beyond the operative stage. Except when used by competent physicians in certain minor and relatively unimportant forms of the disease, pastes are worse than useless. They may actually stimulate the cancer and make it grow more rapidly or they may eat off the top and leave the bottom spreading in deeper all the while causing a loss of precious time.

If confronted with testimonials of cures by quacks and advertising "specialists" and "institutes" the nurse should explain how easily testimonials are manufactured and secured in wholesale lots, and that with regard to cancer in particular they are usually based on the removal of conditions which were not cancer at all. Not only are there many forms of cancer itself but there are numerous conditions not actually cancer which closely approach the disease in appearance and can be used by unscrupulous fakers in preying upon the fears and pocket-books of unfortunate and uninformed patients.

Radium and X-Rays

The nurse may be asked about these new methods of treatment. She should explain that they are definitely useful in

certain types of superficial cancer such as those which appear on the skin in old people and that in some cases they may help to complete a surgical cure by healing any small lump which appears after the operation. They are also a recognized and valuable palliative treatment of cancer which has gone so far that it cannot be operated upon. In general the value of radium is not yet finally determined though the outlook for its usefulness is hopeful. It should be remembered that there is even yet very little radium in the country and the amounts sufficient to be of value are in the hands of a comparatively small number of institutions. Great care should therefore be taken in selecting a physician to give these forms of treatment since only a few doctors have enough radium to do any good and only a few know how to administer without burning the patient seriously, the large quantities of X-rays which are necessary to produce good effects.

Summary

In conclusion the following points should be especially remembered and impressed upon all patients who seek advice:

1. Cancer is not a "blood disease" but always starts as a local growth. Hence it can always be cured by removal if discovered and treated early enough.
2. Cancer in the beginning may cause no pain or other noticeable symptoms of ill health.
3. Cancer is probably not hereditary.
4. Cancer is not contagious.
5. No really competent doctor will treat a condition that might mean cancer without *thorough examination.*
6. The cancer patient must learn to seek treatment as promptly as the patient with appendicitis.

The Money We Need*

Alice Brayton

It is my fortune to address you on the one really vital subject of the morning. As I understand, you have all embarked on the noble and perplexing task of helping humanity, and you have all perceived that humanity will let you go as far as you like provided you will pay all the incidental expenses. Therefore, you want me to tell you how to make money.

It is entirely unnecessary for me to do so, however. The trick has already been explained. Making money is an art, in which some persons are proficient. When these people are actively interested in District Nursing, you can safely trust your financial future to their direction. Do what has been suggested this morning—get an ideal board of directors, and see that your ideal embraces a few financial geniuses—get into ideal relations with the public, and see that the ideal relation includes close acquaintance with men of practical commercial sagacity.

Not that I feel sure this ideal is possible of attainment; it possibly is not, for we all know that most of our local millionaires are not today concentrating their attention upon the improvement of public health. We realize that the practical business man hates to be practical about charitable enterprises, and would far rather send a check—even a large check—to the meeting of a board of charity directors, than go in person and lecture to a lot of well meaning associates on the sin of inefficiency and the art of extracting money from the pockets of the community. He sends his wife or daughter in his place, and there the trouble begins. For she is usually an expert at spending money easily and comfortably, and her practical aim in life is often to keep peace and harmony by avoiding all clash of opinion and all aggressive effort. She is admirably fitted to direct and supplement the work of the district nurse, she is absolutely unfitted to direct the financial

* Paper read at a meeting of Directors of Nursing Associations.

system of the association which employs the district nurse. Yet she rarely gets as far as the work for which she is fitted, because she has to grapple with the work she instinctively hates and does so badly.

As it is now, I imagine our lack of proper public relations and proper directors for our nursing associations is due to the fact that so much of our energy and thought must go toward making money, when it should be concerned with questions of public policy and economical expenditure. We really do not give the public the best possible value for their subscriptions because we have to spend so much time calling on the subscribers.

Of course we are not to blame for confusing our functions as much as we do. The whole public easily estimates a successful charity as one with a full treasury, while an unsuccessful charity is one that keeps appealing frantically for money to pay its debts. How we spend the money seems hardly to interest them—they take our printed prospectus as gospel truth and use our annual report to kindle the kitchen fire. In this way bad work, well advertised, is often well supported, and good work, our very best work, gets sometimes few subscriptions. Not altogether to the deserving go the spoils of benevolence. I suspect that everybody in this room today shrinks from personal publicity, and regards newspaper notoriety as at least a minor sin. Yet the first thing our District Nursing needs is publicity, and we, who spend time avoiding it on our own account, are obviously not the proper persons to seek it for our benevolent enterprises. We must have at least one director who knows how to manage a public campaign, if we would be a financial success.

We shall have to be more economical in our expenditures than we are now, when such persons arrive on the scene. We shall lose some of our confiding faith in the amount of good we are doing, when such persons analyse our report cards, but the rest of us will, for the first time in our organized lives, be free to use our own natural talents to help our public health work, instead of being forced to spend our time calling on subscribers.

However, because the current expenses continue while

we are puzzling over short cuts to millennium, I am willing to talk a few minutes on the reasons why we do not today get all the money we need for district nursing, and to suggest that there may be some general steps we can all take toward a happier financial situation.

In the first place let me suggest that all this sociological work seems much like music in its relation to the patronage of the public. The more concerts you attend, the more tickets you buy to attend more. Gradually you wonder why concert halls are not crammed to the doors, and you feel amazed when you hear friends lamenting because, though fond of music, they cannot afford to go to the Symphony concerts or to support grand opera. Try sending such friends a free ticket to a Friday afternoon rehearsal. You will be still more amazed for probably these same friends will lament because, though "fond of music," they cannot afford the time to attend a concert on the particular Friday you designate. I am not talking about barbarians and philistines and deafmutes, neither am I talking about callous, selfish men and women without imagination or joy of life. I am talking about the music lovers and the managers of district nursing associations, with whom we are personally acquainted. The closer they get to hearing or seeing the actual performance, the more they are willing to pay the salaries of the musicians and the district nurses.

The first practical suggestion that I am able to make is, therefore, that we all get closer to the work we are doing. Sacrifices of time and money which seem at a long distance impossible, will seem then merely inevitable. We will pay for the chance to do public health work exactly as we pay for the chance to hear a concert. Tickets are rather high, perhaps, but you can't hear Kreisler for nothing.

Do you think the comparison far fetched? Remember, Kreisler cannot play unless supported by the public, and the district nurse cannot nurse unless supported by the public, while both persons are undoubtedly giving health and happiness to their fellow beings, each as special training and the public permits. Some persons must pay very big prices to hear Kreisler, in order that some other persons, in the top gallery,

may hear him at all. And I have heard that there is a man in Boston who believes so wholeheartedly in the beneficent power of music that he pays out of his own pocket the deficit between the cost of the Symphony concerts each season, and the amount of money raised by the sale of the Symphony tickets. Yet I never feel like a charity child when I pay five dollars to hear one Symphony concert, and I do not think the kind gentleman means that I should. He knows, we all know, that the public in the United States is not a very well educated public, and that it has pretty poor ideas of how to acquire health or happiness. The Constitution of the United States gives us all the inalienable right to pursue health and happiness, but in giving us the right to run after the articles in question it also gives us the liberty to decide upon what constitutes happiness, and, up to now, a few of us feel that the most of us are making grave mistakes in their selection of a proper goal. So as a matter of education we pay for community music, and we pay for health education by the district nurse, more than our share of the benefits, until all the public is wise enough to pay for good music and good health at their real cost. When this happens, the real cost will be less than it is now, of course. The salaries of musicians in a music loving country are pretty low. The number of nurses and doctors employed in a very healthy community are very few. But a true musician and a true public health worker would far prefer a musical atmosphere and a healthy town as a place of residence; it is their nature to.

We need not, I think, consider that the education of the public in health matters is to be an ever increasing bill of expense. Up to a certain point the cost of the education increases yearly, naturally, until all persons in the community become converted. But towns do not change all their inhabitants annually, some pupils remember some lessons from day to day, and the truth spreads as rapidly as a lie, if spread as assidiously. I cannot tell you how much any given town ought to spend per thousand inhabitants, in order to instruct every person in the laws of health and hygiene. I know such instruction must be convincing, or it is of no value, and the mere lecture on how to exterminate bed bugs is useless, if the housewife does not believe and will not carry out the sug-

gestions made by the lecturer. The number of district nurses required in each community depends entirely upon the proportion of ignorant people in that community. The number of ignorant people who can be effectively educated in personal health and sanitation by one district nurse is very small. We who have employed in our own homes untrained women without any education in the commonest laws of hygiene and sanitation, know how difficult the education of the ignorant adult can be. Yet the health of the community absolutely depends upon the percentage of such ignorant adults who are contained therein. The cost of ill health to a community is beyond the power of the statistician to compute. The cost of preventing ill health is not so great, no matter what it may be. That the public health worker is now an instrument for both purposes makes her doubly expensive, but in communities of a fairly stationary population I should not consider that the need of her services would be indefinitely increased until the cost became intolerable. As a public service this might be so, perhaps, but with an alert board of managers who see to it that a worker works according to her contract and with the spirit of a true servant of the public, and who are also aware that they are largely paying the cost of her services, there is little danger of over supplying the need.

I should like, just once, to see a community amply supplied with district nurses, and I should like to see the cost of such service the first year and five years later. Unless we are all working on false premises, I think the expense would be considerably decreased in five years.

Of course no town or city represented here today has this adequate service yet, and so of course cannot hope to decrease the amount of money spent on public health measures for many a year to come. We ought, all, I suppose, to double our working force at once, and increase our cost to a corresponding degree. If we do this, we need more money. If we don't do this, we still need money, to maintain the force we have.

So, I suggest, that as the first step in raising more money, we let each of our directors get close to her district nurse and listen. I find there are approximately 32 District nurses,

in Southeastern Massachusetts, and that they have about a hundred directors. If each director demanded a personal acquaintance with a district nurse—well, if she did, there would soon be more nurses, so we need not worry.

Of course we all know the condescending attitude of the great public about whose health we are getting anxious.

"I won't charge the doctor nothing for the chance to get a look in on me," says Pat on his way to the operating room.

We will have to confess that in doing district nursing we do get a chance to look in on Pat and his family. What we see is "terribly interesting," as the children say. To me, this close point of view, this experience as an eye-witness, on the fighting lines of the battlefield, is worth a lot of money. I don't mean other people's money, I mean my own money. The closer I get to the actual work of the district nurse, the oftener I listen to her artless prattle—it is very artless prattle, you know—the oftener I go down to a baby clinic and hold a baby in my arms, the more effort I always make to cut down my other personal expenses and increase my subscriptions to the district nursing association. And I am not alone in my experience. Other directors have felt the same pull, the same intensifying of interest, and have told me about the effect on their pocketbooks. All of us who took the trouble to come here today know what I mean.

I am not here to recommend policies of management, I am here to tell you how to make money. So just how you shall get your fellow managers into personal touch with your district nurses, I cannot say. Only I do know that if you deliberately do this thing, plan your work so that personal contact with the nurse for each member of the board is routine, you will get more money for your work and get it fairly, honestly, and easily—not as alms but as a subscription for a chance to enjoy an interesting human experience.

Of course if you have a superintendent she will not quite like a flood of amateur enthusiasts pouring into her office. Though her nurses are artless, she is not, however, and it should be laid upon her that no time is wasted which is spent in educating and stimulating the enthusiasm of a director. Also, it is not her money which is supporting the work, it is ours, and we are entitled to some of the fun.

Can you see the picture? Each director intensely enjoying the work she directs, feeling its thrill and romance, puzzling over its complexities as an intellectual pastime, and turning to its broad humanity as a solace in times of too personal grief and disillusionment. When this becomes the actual situation, I suspect we shall see some big donations to the cause.

The next step must be to let the big public into confidential relations of somewhat the same sort, only less so. Let them way in, if they will come, of course, but it is not likely they will.

There is probably not a person in the community who would not gladly work with the district nurse for half an hour each year. Perhaps very few beside the directors would care to do it oftener, but I think we may safely say that few would refuse a half hour of service. If our nurses were not rushed beyond the point of prudence, if they had a little more tact, they could and would enlist these half hours of service every day of their lives. We do not know just which nurse could use just which service Mrs. Green has to offer on some particular day, but the nurse who has come in contact with Mrs. Green while on her rounds does know what Mrs. Green can do, and just how she can use the service. She ought to take time enough to use it, and to be grateful for it in the name of the association. As in a large degree would come the interest and the big checks from the directors, so in a small degree would come the kindly services and the small change of the great public. There is no reason why the nurse should not ask a sick woman's neighbor to lend a hand in caring for the patient. There is every reason why she should. It educates the neighbor and does not harm the patient, if the nurse selects her subject wisely and well. After coöperative care, there is small reason to suppose that the neighbor would not give ten cents to the association who employs the nurse, her partner in a kind deed. She probably would, and usually does, if asked to do so. The trouble comes in remembering who did the kind deed and in finding the proper time and place to do the asking. The instinct of benovelence is very old and very deeply rooted in the human heart. It probably began at that moment in the history of the race when man first had a little leisure to spend in something beside the sleep of exhaustion or the

ravenous consumption of food. He probably handed out what was left of a partly chewed bone, and was surprised to find how pleasant it was to lie, gorged to repletion, and watch some famished creature devour with gratitude his leavings. Out of this instinct of benevolence we ought to make good capital. If sometimes the contributions we receive and the conduct of the contributors reminds us unpleasantly of the original cave man, we are not called upon to say so. Education is needed even in benevolence, and the best school-room has a gracious and soothing atmosphere.

My second suggestion is then, you understand, that you give not only your directors, but everybody in the community a chance to get a personal thrill of benevolence through doing a kind act in partnership with your district nurse, and that, a little later perhaps, you give these same people a chance to pay a few cents toward the support of the association which gave them a chance to feel benevolent. Don't try for their heads, aim at their hearts, and ask for personal service before money, if you can.

One way, rather good, is to begin by asking for flowers from the back yards of the community. Try it in the summertime, when pretty nearly everybody has a few to spare. Ask for the flowers in order that the nurse can take them around to her shut-in patients. The nurse likes to do this. The patient likes to have it done. Everybody approves of sending flowers to the sick. Florists especially love the idea, although I know a florist who told me that his best business was in supplying funerals and that he really could not say that district nursing in the community was of any advantage to him. This was a great compliment to our local work, as it was made with all sincerity. He also told me that people who sent flowers they grew themselves in the summertime were most apt to buy flowers to send to the sick in the wintertime. It seemed, he said, to be a habit.

Of course, sending to the sick is a habit; all decent impulses once yielded to, are apt to break out again. From this human trait we get our income, as I said before. The person who gives flowers to the district nursing association will give money later on, probably both. But one financial blunder

we must guard against, is to suppose that in a tight place we can ask the kind lady to make all her contributions in cash, because we need the money. She will not take kindly to any such suggestion, for she is trained to use her heart, not her head, in charitable diversions, and a cold touch of calculation may chill her interest altogether. Nobody likes to have it borne in upon her that she is a source of income, to be counted upon in any way. Probably she thinks that her personal selection of blue flowers in a lavendar basket, is really a valuable contribution to the association. To suggest that what is really desired is a mere ten dollar bill, which any plutocrat could hand out, is to belittle her personality. Not by such practical truths do we get our income. Sometimes I wonder that we get it at all when I see how blindly we count as an asset the cash, and discount as a nuisance the personal interest which prompted the gift.

So I repeat, if you would make money, give everybody a chance to do a kindly act in partnership with the district nurse, and let it be obviously a necessary act and obviously kind. Then charge everybody a small sum for the privilege. This is my theory of making money for district nursing. It is a great theory.

How does it work out? Well, it ought to work out better the longer it is tried. In Fall River last winter 40,000 persons gave a few cents each to the District Nursing Association. But they gave more than a few cents—anybody will give a few cents to anything if approached insistently. What these 40,000 persons gave was their signatures to a huge petition requesting that the work of the District Nursing Association be continued in the city. Fathers, mothers, and little children signed this petition, persons so illiterate that even their names were difficult to write, appear in the list. The charge for permission to sign the petition was five cents. The amount returned with the monster petition was nearly $2500.

That seems small? I assure you there are very few private families in Fall River who have an income of that size. I assure you that very few people who contributed to that sum have an earning ability of over $12 a week. Many earned far less.

Yet they gladly signed the paper and gladly gave the five cents which expressed their benevolent attitude toward district nursing. Since then, many a nurse in going about the city is told proudly by many a patient that she signed the paper which told the folks to keep the nurse, and the air of proprietorship—bought with five cents—is almost laughable.

It is however no laughing matter. It is the bedrock on which we hope to build our whole edifice. It is the only sure foundation of successful district nursing. We may get no further than the foundation—we may find our foundation when surveyed again this winter is very small, but we cannot discover any other community which is more certain than are we of a popular support.

It has not been found that many organizations know positively that they have received 40,000 subscriptions in one year. It is equally rare to find the district nurse of any community supported wholly by one person. That this is true in a small city in Massachusetts, and that it makes for a successful service to the community I am assured is true. Probably a benevolent despotism is as good a government as any democracy of our day. But unless district nursing is absolutely under the benevolent control of one influential individual who has adequate financial resources to meet the situation, it must, necessarily, be broadly democratic in its control. Otherwise, it will be unpopular. Then it will have but a small and select income. People will not give to other people's pet charities, except for motives uncomplicated by any benevolent impulse. District nursing must, I fancy, remain as it is in a small city in Massachusetts—the excellent instrument of one wise woman; or it must become the pet charity of the whole community—everybody's little hobby horse. Don't run away with the idea that it is that yet, in Fall River. Only 40,000 persons figure in the petition, remember, and the town has over 120,000 inhabitants.

This address is concerned with the money we need, or at least I hope it is. It gets away from me, at times.

I hope I have shown you who should give us the money we need—ourselves and everybody else in the community. But we have not perhaps settled as to how all these people shall get the money they are to give so freely.

In the old days, not perhaps entirely gone by, most persons used to expect to make all the money they gave to charitable enterprises by turning aside from their regular employments and working for a while at trades of whose technique and artistry they were profoundly ignorant. Housekeepers turned into salesladies and bundle girls, cheerfully opening temporary shops whose merchandise they assembled at the greatest possible cost and sold with the least possible profit.

They called this amateur shop keeping "having a Fair." Other good women—by profession nursery maids—for what else is the mother of a small family?—ceased minding their children and tried to produce plays and run dance halls for one night only. Their friends bought tickets to see plays they would gladly have paid to avoid. Regular business of home and household went to smash, temporarily. Health failed. Taut nerves gave way. There was hate and anger and bitter disappointment in the air. Friends separated to chat no more. Shall I go on? We all know the result. But do we reflect sufficiently upon the cause? Was it not because a lot of good people refused to keep on earning money in their regular humdrum way, and insisted upon trying to earn money in ways for which they were not trained either by art or nature?

It made them tired, and no wonder.

Today we all admit the old way to be a menace to the health of the community; and while it might do for some charities to live on unhealthy dividends, we cannot, for we are organized to prevent ill health, and the health of a director should be as precious in our sight as any other health. Why not? Are we an exempt class who have a right to get sick if we like? Certainly not.

We are just learning that the new way to get money for our charities is to make them everybody's charities. Then, to suggest that everybody work so well at his own private job that all there is in it will come out of it, and from the product a little may be taken and given to promote district nursing in the community.

Would this not be more truly our own donation than was the money we made at such fearful cost by practising trades of which we did not even know the rudiments?

There are persons still living who regret the old explosive methods. They are not the weary people who spent their flesh and blood and nervous energy in the old fashion. Rather I think they are the people who used to buy home-made candy at the candy table for a less cost than the price of the sugar in the candy—and then complained of the expense to the tired woman behind the counter who had spent two good hours begging some other innocent lady to make that pound of candy for the good of the cause. Or they may be the good people who are so sick of their own humdrum lives that they welcome a chance to go cheerfully through the horror of a rummage sale. If such persons could go it alone, all right, but they never do, and it is because of their ignorant young victims, who unselfishly work beyond their strength, and sometimes beyond recuperation, that restraint of that sort of trade is needed.

Oh, we all have been through it. We have watched our nearest and dearest snap under the strain of making money for charity, and it is not because we love ease and do not love the district nursing association that we refuse to raise our money in the good old fashioned way.

Of the old period, we have adapted survivals, of course. Sometimes we catch an artist who will make music for the empty honor of an audience. Then we catch the audience, and charge them a dollar or so for listening to the artist. But it is getting more and more difficult to catch the audience, and the artists are not as easily secured as once they were. Though on the whole, to sell tickets is the easiest of the old tricks we now are trying to avoid. Of course it doesn't matter much what you sell tickets to, because people don't want to buy tickets privately, anyway, they are perfectly certain beforehand that they will not get their money's worth, so why disturb their confidence? I can give one golden rule. When a concert or a lecture, or a show of any kind, is for charity, don't make it expensively good. The taint of charity hangs over it anyhow, it is seen with jaundiced eyes, and since you can't convince the public they are getting their money's worth—why give it to them? Keep as much as you can for charity, don't use up more than you can help for bait—that is, if you are earning the money you need. However, all schemes for

which tickets are sold involve some expense. The scheme involving the most expense is that which implies a paid organizer and producer. He can do what we cannot and it is very easy to let him. His use also has been known to lead to large returns. The trick of all these ticket selling schemes for amateur performances is to offer each person a bonus with each seat that is bought. He buys a sight of his friends and enemies on the stage. He gets as a bonus the thrill of benevolence which comes from contributing something—he little knows how little—to the district nursing association. Sometimes the person who buys the ticket buys it purely for the sake of the district nursing association, and gets the bonus of a sight of the actors on the stage. Sometimes the two motives mix and mingle. One or the other is usually the prize in the package of tea.

This is certainly one way—perhaps it is a necessary way—it is surely an expensive way—of unloading district nursing stock on the public, but any broker will tell you that stock which is bought by the more solid men of the community is stock that is not pressed upon them by sales agents. Prizes given away in packages of tea are never thought very valuable and they are usually less valuable than they are thought.

Besides, I truly believe that our tea is so valuable that we will not need, eventually, to resort to the cheaper tricks of the dubious grocer.

We managers must get down to the business of making the public want to take stock in district nursing of their own free will. We must have specific and convenient places where the stock is for sale.

We must admit—between ourselves—that the stock is valuable to two kinds of investors, the intellectual and the sentimental, and that we must pay dividends of two kinds. The common stock—it costs less to buy—must pay dividends in thrills of uncomplicated benevolence. The romance of charity appeals to everybody. The investor must be given a chance to pity the individual unfortunate, and to see specific distress relieved. He must not be bored by practical details. He must not be given too frequent glimpses of that romantic land where good deeds are everyday fare. He must be en-

couraged to desire to relieve more, by feeling how good it is to have the power to succor the afflicted.

I know there are persons who resent this power in others. They refuse to humor the individual who exercises it with joy. If certain directors of idealistic tendencies were to have their way with the universe they might do away with the charity they abhor, but I am afraid they would find themselves with a lot more poor on their hands, and they would miss the benevolent individuals who go out succoring. As a rule I find these same directors are not averse to what alms they may receive themselves, and as a rule I find they do not occupy themselves with the pernicious practice of alms giving. That is all very well.

We who are here today must recognize that the great mass of kindly warm hearted sentimental people like to feel charitable, and I for one am glad of it. It is so nice and natural. Anybody who wants to can practise benevolence on me, and I maintain my right to be as charitable as I can in ways I enjoy. I am morally certain that we must let our common stock holders feel charitable when they take stock in district nursing, because they do so purely from charitable motives. We mustn't ask them to be regular, or consistent or reasonable about it. It isn't fair or wise to ask people to be good everyday in the week. We must let them have chances to do kindly deeds of personal service in coöperation with the district nurse when the spirit moves them, accept gratefully their contributions whenever they are given, and trust to the forces of society outside our control to equalize social conditions so that the distance between donor and recipient shall not be too great. Then our benevolences will be more like Christmas presents, a theoretical exchange, and we shall all enjoy them so much more.

At least, we may. I know some people who give at Christmas time never for fun, never to people they like, but only to what they call "deserving families." These are families, I suppose, who can't hit back. Such persons should be put on card catalogues and visited at least quarterly by the treasurers of the district nursing associations in their communities, visited and fleeced quarterly for the good of the cause. No

compunction should be shown. They ought, if properly pumped, to prove an excellent reservoir, from which to replenish our treasuries. Every community has such excellent and ridiculous people—they are always women I am sorry to say—and somebody is sure to get their money away from them, so why not let us make a good effort? Their money won't hurt our cause, and they never give themselves, so it seems safe. It would not be safe to make such persons directors, however, because their contributions would never make up for the damage they might do to our treasury in an indirect way. The spirit of the Board of Managers percolates down until it reaches the humblest employee in our service, it heightens as it becomes individualized, and our district nurse takes into every home where she goes the spirit of stern rectitude or the spirit of loving service. Back from the homes of the city come funds to carry on the work, or the ominous silence of those who take as a right what is given as pure justice. If a district nurse does not receive little presents for the association occasionally, pathetic and poor enough perhaps, but unsolicited, from the homes of the humblest of the women whom she cares for, then she is no district nurse. She may be a travelling socialist for all you know, or a mere hireling. Either way she will be of no value to your treasurer, but a constant source of debatable expense.

Our common stockholders I think we understand. There must be many of them. They must contribute to the support of the nurse small personal services and small sums of money. They must be given a chance to see and feel the good they are helping to do. Our common stock must be cheap to buy—small services, small sums of money. It must moreover be easy to buy, it must be offered to small stockholders at convenient times and places.

Our preferred stock is for the high-brow, the scholar, the aristocrat, if you prefer the term. It must be paid for at a high price literally with blood and tears. This sounds tragic, but there is really no other price.

If you want to serve greatly, to do big things for humanity, you must pay high for the privilege. The price is really your flesh and blood, your day time and your night time, and

of course your pocket book. I have heard of persons who have haggled over the cost of this preferred stock, but I have found that they never bought it at a mark down, they could never cheapen the price. If they paid the common price for helping humanity, they got common stock, no matter what they expected to get for their money. As most of us really haven't got any such fabulous wealth as the above to give to district nursing, I am afraid that we will have to be content with a respectable number of shares of common stock, but we ought to be generous enough to admit that there are some preferred stockholders.

In return for all they give, they get a little, just a little wisdom and understanding. They get a chance as directors of district nursing work to destroy a little of the hideous ignorance of the world, and to direct and control the evolution of mankind from savagery to civilization. The work lies all about. The instrument is the district nurse. She is only an instrument. The hand of the director holds her, directs her movements, determines even upon the material of which she is made. There is no problem of civilization which cannot be touched through her. In the hands of the preferred stockholder in the community enterprise of district nursing, in his hands only, because he is willing to grasp such power, there rests the power to create good and evil that shall endure to the end of the world. Life and death are his to bestow, he cannot avoid giving or withholding them. They are literally and frequently his to bestow. In the note book of the district nurse he reads the vital facts of his community. The nurse knows the stark and naked truth. So can any director who is willing to pay the price and dares to indulge in such engrossing study.

For men and women have died to find out the truth, and they have upset kingdoms to prove the actuality of their power, and yet we, mere managers of district nursing associations, begin without fear and without trembling upon a course which gives us power greater than we know how to use, and provides us with facts that are almost revolutionary in their significance. We even, when we first begin, find our positions a little dull. We, who in our leisure hours, are offered a chance to exercise the powers of life and death over our fellow citizens!

Now life whose leisure is largely spent in exercising power which has immediate and large effect, life whose leisure is largely spent in learning the truth about the world and all that is within, is a life that is full. It leaves little room for any decision as to how much shall be given to charity. It leaves little leisure for enjoying the thrills of benevolence. You give what you have because you want to retain those forces in the community which are in your judgment making for a better life for everybody, and which are incidentally the offspring and the author of your own best life. It is very simple to be very good. It is also very hard. Personally, I have known people who have really bought this preferred stock and are living on its dividends. They seem content with their investment. Their subscriptions to benevolent enterprises are astoundingly large compared to their resources. But the long days and thoughtful nights they spend in hard mental and manual labor for the enterprises to which they subscribe are beyond count. The humiliations and misunderstandings these people undergo, the hatreds they acquire, the contempt they suffer, the money they lose which closer contact with their immediate business of earning bread and butter would bring them in—all this expense the common stockholders forget or do not understand. It is these people who are the generals in the army of human advancement. They live in every community. They do not realize that they are any different from their fellow citizens. They would not recognize their portraits as I have sketched them. But it is the duty of all persons interested in financing the district nursing associations of the land, to hunt out these magnanimous persons and give them a chance to spend themselves and all they have, to support district nursing. It is their nature to give greatly. They will give to the community in some fashion. It is our duty to let them give to this enterprise which we feel to be worthy of great gifts.

I am sure that we who are gathered together here today have, over and over again, blundered sadly in our relations with these magnanimous people. We can all remember the occasion on which we asked a certain tightfisted human for bread and were offered a stone. We do not seem to realize that sometimes we go asking for a little pebble from great-hearted

people who have loaves of bread to give away to every beggar. We fatuously offer them commonstock—a thrill of benevolence in return for a dollar bill—when what they want is a chance to go out and fight and if need be, die, in some sensible cause. Of course they will gladly pay all their own expenses, and incidentally put their friends' money into the enterprise—that is to be expected. But if our district nursing associations want financial support, they must get it on the terms on which financial support is usually given—an interest in the business.

I admit that these magnanimous persons who have so much to offer us have also ideas we may not entirely favor. I admit that a tepid interest is easier to handle. I admit the pace they make is difficult to keep up with. I admit that too much magnanimity makes the rest of us feel uncomfortably ordinary. But, as I say, we can't get something for nothing. The money of the community follows the interest of the community. We must, at any cost, get the whole community interested in district nursing work.

That is our financial problem. I have hinted at the fact that because there are different types of people in the community we must display various aspects of our work to various persons. The response we may expect from certain sorts of people, when they are properly approached, I have also described.

To finish this paper properly, I am going to ask certain ones here present to describe the machinery by which they have succeeded in interesting to a greater or less extent, their own communities. I am going to ask the various women to avoid saying that they or their committees worked hard to raise money, if they really mean they took money away from men who had worked hard to raise it, and did not like to see it go.

I am also going to say frankly that all the ideals I have been enumerating may be impossible of achievement. We may have, all of us, to fall back upon raising our next year's income by means of an old fashioned candy pull—who knows?

For the immediate benefit of those of us who feel the machinery needed to rouse a whole community to be too cumbersome, or that our communities are not yet willing to take shares

in such community enterprises as district nursing, I am especially anxious to hear the details of the less advanced methods of finance. We have all watered our stock of pure benevolence by offering to each purchaser a pasteboard ticket to something or other equally unpalatable—so we have a fellow feeling.

Everybody here today knows we must have district nursing. Everybody knows district nursing costs money, unless we do the nursing ourselves, and in that case it would probably cost life. So let us confess to each other very frankly the little methods by which we gather it in.

The easiest way to live economically is not to live at all. I may suggest in closing that if our struggle to make both ends meet proves too hard for us, we can always commit suicide. The control of all public health nursing by the state and the city is a possibility. It is not for us a solution, however, it is a suicidal termination of all our labor. Not by an impersonal state can personal love, personal care, personal interest, high service and loyal devotion, be bought and distributed to the community. What we stand for, we volunteer workers who are here today, is just that which the state has never had and can never give away. We are not mere money getters, we are a vital part of district nursing, and so let us make our money fast and get that stupid side-issue of our work out of the way if we can.

A Series of Talks on Public Health Nursing

MARY BEARD

(Continued)

III. Tuberculosis Nursing

In the records of early Egypt there are references to a disease which must have been tuberculosis. In the Bible there is a text "The Lord shall smite thee with consumption." In Italy, in the time of Pliny, mountain air is recommended for this disease. For many centuries little was done in the study of tuberculosis, only in Arabia was any knowledge kept alive, and not until after the Dark Ages with the beginning of the study of medicine in the 14th and 15th centuries, was any really serious consideration given to the subject. In 1530, we find a mention of sputum cups, and of the practice of white-washing the walls of a consumptive's house. In 1703, it is recorded that Chateaubriand said, "There are two kinds of consumption—consumption of the Rich, sometimes cured—and consumption of the Poor, never cured." Until quite recently this idea held good. Consumption was looked upon as "the will of God" and was not to be interfered with by man.

In 1840, the first out-door treatment was ordered. In 1854 an article on out-door treatment for the tuberculous was written by Brehmer, and published in a German magazine. The cure had been tried in the Black Forest. This article coming to the attention of Dr. Trudeau, living in the Adirondacks because experience taught him he could live there and not elsewhere, had a great influence upon his thought. Dr. Vincent Bowditch of Boston first demonstrated that the fresh-air cure could be successfully taken at lower than mountain altitude, even at sea level.

1882, the date of Koch's discovery of the tuberculosis bacillus, was of course the beginning of the crusade against a disease now known to science as both preventable and curable.

In 1890 the first tuberculosis sanitarium in the United States was established in Rutland, Massachusetts.

We can hardly study the branch of public health nursing known as tuberculosis nursing, without this short review of the disease, nor can we begin to realize the need for tuberculosis nursing until we remember some facts about its prevalence. All adults harbor "elements" of the disease. Ninety per cent of all autopsies show traces of it. Eighty per cent of all children under eighteen years old have signs. In the first three years of life 16 to 20 per cent have it. The skin tuberculin test as well as the autopsy records show this. In the future we are told preventive measures and treatment will be based on these known facts.

The present day problem is this—in our own state, Massachusetts, in which tuberculosis work began early and has been and is being done well, 16 out of every 1000 of the population have it. Generally the patients are from twenty-five to thirty-five years old. After fifty years the disease is not so serious.

The method of infection, we know. (See the *New Public Health*, Dr. Hill, pp. 109.) Until we succeed in acquiring a universal technique that will prevent us from eating organisms, we shall continue to suffer from tuberculosis. I quote from Dr. Hill:

> Sputum, through the spitting habit, falls upon floors, steps, sidewalks. That these deposits dry and blow about as dust is the least of the dangers, especially out of doors, for sunlight and drying disable most disease germs. Sputum follows a much more important route leading to mouths, and this route is followed, not when the sputum has become dry and dusty, but while it is still fresh and moist,—while the germs in it are still alive. This route is by way of shoes, directly into houses. There, wiped off on carpets, it awaits the creeping baby; it smears itself on the baby's fingers; and he carries it directly into his mouth. Also, in removing shoes, the owner of the shoes uses his fingers and then, too often, the owner's fingers, just like the baby's enter the mouth unwashed. The value of anti-spitting ordinances thus becomes apparent.

This picture of the method of spreading human tuberculosis, is sufficiently vivid. Bovine tuberculosis is generally contracted through drinking contaminated milk, though I remember a record case resulting from the bite of a small kitten.

With this introduction, it is plain that the flood of light poured in upon the study of tuberculosis, when the organism was discovered in 1882, made a "*crusade*", the logical and inevitable next step. Everyone was eager to do something. The dramatic element in the story appealed to all types of people. A false optimism prevailed. Tuberculosis could be wiped off the face of the earth. In our own life-time we should see it. The enthusiasm was coming to its height in the early days of my own visiting nursing. Our town had an enthusiastic doctor who consented to come to the Visiting Nurse House and talk on the subject. "Now," I thought, "at last these simple, plain direct facts and this detailed instruction will bring home to our patients what they do not know about this dreadful disease, and the rest will be easy in these homes." About one-hundred and fifty people accepted our invitation and sat listening attentively to a simple, carefully prepared paper. I went to bed that night very much encouraged, only to be dashed to earth next day when one of the more intelligent of our audience met me, and said, "That was a fine talk last night, but there was one word I couldn't understand, and he used it more than once. It was tu-ber-lo-sis."

Some such experience we all had before the tuberculosis nurse came to emphasize and reiterate such homely orders as "*don't spit there*" and to teach this simple but difficult technique in all types of homes and all sorts of workshops. Miss Ellen LaMotte has recently published a very interesting book dealing with tuberculosis nursing from its beginning up to the present. In this book, she points out how intricate are the duties of the tuberculosis nurse, because tuberculosis touches in a remarkable degree all the great social problems. How far *can* a tuberculosis nurse be a good social worker? How far, on the other hand, can she refrain and continue to be a good tuberculosis nurse?

In 1903, the first tuberculosis nurse began her work in Baltimore. Now there are in the United States about 4000 tuberculosis nurses. Maryland established a state tuberculosis commission (1903) and this commission enacted model laws for the control of the disease. "Home treatment" was demonstrated for the first time in any country at the First Tuberculosis

Exposition in Baltimore, in 1904. This was the starting point of the National Association for the Study and Prevention of Tuberculosis, of which Dr. Trudeau was the first president.

The change that has come over public opinion in regard to the other social diseases is due largely to the efforts made to eradicate this one. So the tuberculosis campaign is not only important in its own effects on this particular disease, but it has been a guide to others, awakening the public conscience, and through the knowledge of this one disease becoming the genesis of a new conception of public health administration. Anti-tuberculosis work developed new public health methods.

Miss LaMotte tells in her book *The Tuberculosis Nurse* that the following qualities are essential.

1. Training.
2. Good health.
3. Fearlessness of the disease.
4. Ability to be a good teacher.
5. Authority and dignity, but she must also be a good "mixer."

Her chief duty is not to the patient—but to his family. Her vital concern is its protection. Effective tuberculosis nursing can never be done unless this is recognized. To find the tubercular patients is a large part of the nurses' work. Some will be discovered living in the same house with a patient, or among his friends—some will be referred by doctors or social workers—but most will be found by the tuberculosis nurse, or will themselves learn to find her.

In Baltimore, 33 per cent of all are discovered by the nurses. Miss LaMotte lays emphasis upon the urgent need for accurate registration, of the great importance of holding the sometimes reluctant patient until the diagnosis has been made. The tuberculosis nurse is a link between patient and doctor, patient and dispensary, and also between patient and institution. Once more to quote Miss LaMotte, "The chief duty of the nurse is to point out the necessity for institutional care, and to persuade the patient to take advantage of it." To the patient, the hospital for advanced cases, the sanatorium for hopeful ones is of great advantage. The opportunity for follow-up work with the returned sanatorium patient is great.

The tuberculosis nurse in this capacity is most useful. To any tuberculosis nurse the difficulties of finding light work for restored patients are very vivid in her memory. Miss LaMotte's opinion that "there is not an advanced consumptive careful enough to remain safely at home," is worthy of consideration. Most public health nurses have struggled with him in his home, and have found but little reason to form a more optimistic judgment. To give material relief in such families certainly weakens the force and the authority which the health nurse needs so much.

The subject of disinfection has been so much discussed, we need only to refer to it. Dr. John Hawes in his recent book *Consumption* tells us that good house-cleaning of *all* the rooms is what is of real value—plenty of soap and hot water—a solution of soda for scrubbing door-knobs and bannisters, and other wood-work likely to have been much handled. For bedding, he recommends steam sterilization, if practical, and if not, he says the bedding must be burned. Papering, painting, white-washing, all are in order *after the cleaning has been done.*

There has been much discussion of administrative methods for tuberculosis nursing. Responsibility for the control of a social disease which is so much of a public menace properly belongs to state and town and city. The authority of government is sometimes very necessary to enforce obedience for the protection of friends and neighbors.

Political control of tuberculosis nursing has been the greatest obstacle in the way of its success in many American cities. That health work is still subject to such domination seems in this age of knowledge almost beyond belief. How is it that with the large numbers of lay and professional health workers vitally interested in getting the best results possible from organized health work this evil of political control should be permitted to work its will? The stupidity of the public in allowing it would be almost humorous, if it were not for the painful truth that we who know the needs are largely responsible. Why do we not use publicity methods and advertise broadcast, so that an election the results of which will overturn all our months of effort will no longer be possible? Private societies

owe it to their own high ideals to use publicity methods and to advertise their purposes in exactly the same way and with much the same methods as those adopted by the man in the street who convinces the public that his breakfast food or his Boston garter is the best in the world. "Ye shall be heard for your much speaking."*

The dispensary or tuberculosis clinic plays a very important part in the daily life of the tuberculosis nurse. A thorough examination for the possible patient is the first urgent need. Tuberculosis dispensaries afford the most practical means of meeting this need. They are free, they are situated within easy reach of the patient and they are run on a practical systematic plan that makes it possible to persuade the patient to try again if his courage gives out on the first attempt to see the dreaded doctor. So valuable is the properly conducted clinic in tuberculosis work that the Commissioner of Health in Massachusetts has made it the central point in his effort to reduce the tuberculosis death rate. He felt, as far as tuberculosis is concerned, good legislation had done all that legislation can to produce good health. He believes the public health nurse to be the great potential factor in the struggle for health at this stage of development of the public consciousness.

On July 1, 1915, the Massachusetts State Department of Health began the enforcement of an ordinance already on the statute books requiring all cities having a population of 10,000 or over to establish and maintain a tuberculosis dispensary in accordance with standards approved by the State Department of Health. On this date a number of new public health nurses or tuberculosis workers began work in the various new dispensaries throughout the state. The appointments were local and local politics played their part in them. In the January issue of the Massachusetts Public Health Bulletin appeared the following notice:

---

*This subject will be further considered in the paper on State and Municipal Control of Public Health Nursing.

THE TUBERCULOSIS NURSES' CONFERENCES

Beginning in September, 1915, conferences under the joint auspices of the State Department of Health and the Instructive District Nursing Association of the city of Boston (Miss Mary Beard, director) have been held each month, for the purpose of having certain aspects of the tuberculosis dispensary nurses' work emphasized to them, and for the purpose of giving them an opportunity to meet and exchange ideas with other nurses doing similar work throughout the state, so that their personal grasp of their local tuberculosis situation may be improved. These dispensary nurses are in effect receiving a postgraduate course of instruction in the details of their work.

The first thing done at the September meeting was a detailed inspection of the Boston Consumptives' Hospital Out-patient Department, the nurses attending the conference being shown all there was to see in records and workings of a big tuberculosis dispensary in a large city. From there the nurses went to the clinic at the Boston Dispensary, where Miss Lucy W. Bradley, the social worker, opened discussion of tuberculosis work by giving a practical talk from her experience, with especial reference to home visits. In the afternoon Mrs. A. B. Perry, social worker for the Springfield Association for the Prevention of Tuberculosis, read a paper concerning the work done in Springfield. This was followed by a discussion, opened by Eugene R. Kelley, M.D., director of division of communicable diseases of the State Department of Health, on the subject of tuberculosis in a broad sense, with especial reference to tuberculosis dispensaries. Dr. Kelley stated among other things that it was the plan of the State Department of Health to know the who, where and why of each tuberculous person, and to follow him in a friendly spirit. This was to be done (1) through routine morbidity reports, (2) the large town dispensary, (3) the institutional information, and (4) personal work by district health officers. There was a discussion of details, giving a general idea of the method of procedure in the office of the State Department of Health, the attitude of the profession, the differences in towns, and the conception of nurses' duties and their qualifications.

The October meeting was held in Springfield in connection with the New England Conference on Tuberculosis.

It is significant that the fifty-three tuberculosis workers who attended these conferences from time to time during the winter were sent by their local boards of health and in many instances the travelling expenses were paid by them. The monthly meetings have been the means of bringing about a very stimulating mutual knowledge among the workers of the State and we feel too that a standard for tuberculosis dispensary nursing for Massachusetts is in process of construction. At the last meeting of the season Dr. Kelley read

the averages of the fifty-three cities represented. These averages covered a period of six months and were judged according to the work done in the dispensaries, based on (1) number of examinations and (2) number of patients under supervision.

Graduates of our training schools for nurses have not a proper minimum knowledge of the disease of tuberculosis or of its treatment.

This will continue to be the case until the time comes when hospital trustees are aroused to the need of making the nurse's three years in a hospital training school three years of education in the art of nursing not burdened with unnecessary repetition of tasks already fully learned. Until then nothing further, however necessary, can be added to her already overcrowded curriculum.

Dr. Trudeau's wonderful *Autobiography* has been filling our minds anew with the interest and enthusiasm of the old campaign. In an article written by one of Dr. Trudeau's intimate friends I find a fitting ending for any words, however commonplace or technical, dealing with the great struggle against this most tragic disease.

> I shall never forget the expression of Dr. Trudeau's face when I asked him directly if he had not become so accustomed to tragedy that it no longer touched his emotions. The smile left his face; his eyes looked out and beyond with a suddenly moist softness and he said slowly, "Pity as an emotion passes. Pity as a motive remains."

To be continued.

The Public Health Nurse and the Anti-Tuberculosis Campaign

PHILIP P. JACOBS

By its very nature, tuberculosis manifests itself in a larger variety of forms than almost any other single disease, and its incidental causes have ramifications which extend into nearly every phase of human life. Because of these facts, the general public health nurse cannot afford to ignore tuberculosis either as it shows itself in a definite disease process, or in those relations of family and state which tend to weaken the human body and make it susceptible to the invasions of the tubercle bacillus.

The average public health nurse is prone to interest herself in the cases of acute disease which are obviously more interesting and doubtless more spectacular in their manifestations. They are also the diseases which require a greater amount of technical skill, and more easily excite one's sympathies. Tuberculosis is very apt to be relegated to the background and to the fag-end of a nurse's work, if she has children who are affected with infantile diarrhoea or scarlet fever, or an interesting obstetric case, or some other problems of a more spectacular nature. I plead in this article for the interest of the nurse in tuberculosis, not so much in the direct nursing and attention of the disease, but in the prevention of it before it has gained a foothold in the families with whom she comes in contact. There are seven general ways, it seems to me, in which a nurse can be of service to the anti-tuberculosis campaign, aside entirely from the bedside or other care of the afflicted consumptive.

1. No one has a broader opportunity than the public health nurse, who has frequent access to the inmost life of the family, to discover those early signs which indicate a possible tuberculous process. No public health nurse can plead entire ignorance of those signs and symptoms, because there are a number of excellent books available and courses of instruction

given in various training schools through which she may equip herself for this extremely difficult task. It is not an invasion of the field of medicine, but it is rather a watchful oversight of the interests of the family which should inspire the nurse in the discovery of early cases. The numerous little weaknesses of the children, the breaking down of the father and mother and the older brothers and sisters, the lingering coughs, the excessive strain on one member of the family or another—these and a hundred other manifestations of disease are danger signals which the public health nurse cannot afford to ignore.

2. With the recent emphasis on the frequency of childhood infection from tuberculosis, the public health nurse's duty in the education of mothers and prospective mothers is doubly important. Before the child is born and afterwards, the nurse can help to create that degree of physical immunity which will safeguard the boy or girl from the invasion of the tubercle bacilli, or which will render the child sufficiently strong to resist their attacks. No new line of education is needed here. Those common daily tasks of training in motherhood with which every public health nurse is familiar, should be viewed, however, in a new light, in that they are to meet not only the specific immediate need, but that they are to safeguard the growing boy or girl from the danger of breakdown with tuberculosis in adult manhood or womanhood.

3. An evident corollary of the last suggestion is the safeguarding and education of the children themselves. Few people have the facilities and opportunities to inspire in the minds of boys and girls of the average tenement house family, those fundamental lessons of personal hygiene which we all consider so important, as does the public health nurse who is friend and confidential advisor to the family.

4. The convalescent care of members of the family who have been sick with various diseases other than tuberculosis is another avenue through which the public health nurse can help to ward off the possibility of tuberculosis in later months or years. Too often the nurse fails to recognize that the patient is at the most critical period when he or she has recovered from an acute attack of disease and is just able to be up and about or to resume his normal occupation. This critical

period of after-care, to which the average workingman's family is loath to give proper attention, should be stressed by the visiting nurse and every possible safeguard should be employed to see that those who have been sick are fully recovered before they take up anew their ordinary tasks.

5. One of the most fundamental and important methods by which the public health nurse can aid in the anti-tuberculosis movement is through careful and systematic instruction in the diet and feeding of the families with whom she comes in contact. The importance of food as a safeguard against tuberculosis is evident to every well trained nurse. It is not necessary in most families to increase the cost of the food budget. With the same amount of money, but with proper instruction in dietetics and buying of food, the caloric value of whatever is eaten by the family can be greatly increased, and the resistance to tuberculosis and other diseases can be intensified accordingly.

6. The periodic examination of every member of the family is another duty which the nurse owes to those whom she serves. Oftentimes the children are taken at frequent intervals to a clinic to be examined, but the working members of the family, the father or older brother or sister, are entirely ignored. Not infrequently they object vigorously to any attempt at a regular examination. It may be impossible to arrange for it through ordinary channels. In such cases, the nurse must assume the rôle of a propagandist and should not only educate the family, but should educate the employers of the members of his family, as well, to the necessity for periodic medical examinations. The presentation to the average employer of the economic waste caused from the sickness of his employees by the public health nurse who is intimately acquainted with all of the facts, is bound to get a careful hearing, and, if it is followed up, will in the long run produce the desired result.

7. A final suggestion comprehends the constant, steady training of all of the members of the family in personal and community hygiene. A hundred ways will suggest themselves to the resourceful public health nurse. There are pamphlets on all sorts of disease. There are lectures, plays, motion pic-

tures, clubs and a large variety of media with which the nurse can put the men and women and boys and girls in her care in touch.

The average public health nurse who reads these lines will say to herself, no doubt, that she is doing all of these things and many more. Granted that this is the case, but is she doing it with the thought constantly in mind that here is an opportunity not only to perform an immediate, direct service for the family or for one of its members, but here is a chance which will ward off the attack of an insidious, deadly disease possible five or ten years after the service has been performed? In other words, I plead for coöperation of the public health nurse in the anti-tuberculosis campaign, not with a view to securing immediate direct results, but with an eye to the future for the safeguarding of human lives in the years that are to come.

Some Problems in the Training of School Nurses*

ANNE HERVEY STRONG

The work of the school nurse is so far-reaching, so full of opportunities for service, that it is clear she needs the soundest training we can devise. But of what this training shall consist, just how and where it shall be given, are not so evident; for those of us in any way concerned with her training are facing conditions changing so rapidly, that no sooner have we reached even the hope of conviction as to content and method than new opportunities and new responsibilities render them either insufficient or even obsolete.

Indeed, we are very much in the position of Alice at one stage of her journey through Wonderland. You will remember that once in the Looking-Glass country she suddenly found herself running at her utmost speed, hand in hand with the White Queen; and finally, after all their running, she found herself in exactly the same place from which she had started. "In our country," said Alice, "you'd generally get to somewhere else —if you ran very fast for a long time as we have been doing." "A slow sort of country!" said the Queen. "Now here, you see, it takes all the running you can do, to keep in the same place. If you want to get somewhere else, you must run at least twice as fast as that!"

Now this is by no means a slow country. Public health work is developing with tremendous rapidity. It makes upon its workers constantly new and increasing demands. Its hopes and visions of one year crystallize into the obligations and necessities of the next. And so we realize that while we must run as fast as we can to supply today's needs for trained workers, to meet adequately tomorrow's need, we must run at least twice as fast as that.

---

* Read at the Annual Meeting of the American School Hygiene Association, New York City, July 6, 1916.

This situation, characteristic of public health nursing in all its forms, is especially true of school nursing. For here we have a form of service belonging not only to public health, but also to education, both of them highly active social movements. As they broaden and develop, so must school nursing develop and broaden, charged always with its double set of responsibilities. Clearly, then, the training of women for school nursing, while in part identical with the still unsolved problem of the best training for public health nurses in general, presents also many problems distinct and peculiar to itself.

The women who first went into this field of work, like all pioneers, necessarily began without special instruction. They learned from experience, from failure and success. For women of the pioneer type, aggressive and independent, quick to see and quick to apply, this school of experience offered useful training: for the majority of those who have followed it is too costly a method, both from the point of view of the work and of the worker. Within a few years, consequently, attempts have been made to provide special preparation for this branch of work, but on account of its unstandardized and fluid condition throughout the country, we are still far from ready to dogmatize as to what the content of that experience and discipline should be. However, since the statement of a problem is at least one step toward its solution, it seems worth while to consider the nature of the work for which we wish our students to be trained.

In the first place, the school nurse is practically everywhere called upon to perform certain duties too familiar to all of us to require more than passing mention. Routine class inspections for cleanliness and for communicable disease are made by the nurse, at intervals varying from once a day to once a month where the service is particularly busy. Even in the latter case where interest and coöperation are secured from both pupils and teachers by health leagues and similar devices, cases needing attention appear to be reached fairly early. Cases referred to the nurse are seen and treated daily or as necessary, in the room set aside for medical work. Where medical inspectors are employed the nurse assists more or less with physical examinations, and where there are no medical

inspectors as much physical defect work as is done at all, becomes the duty of the nurse. In either case she does the follow-up work that makes it effective, visiting and instructing parents, taking children to clinics, and in general doing whatever is required to bring the child under treatment and to continue it as long as may be necessary. These and other duties take the nurse frequently into the children's homes; in addition she keeps most if not all of the records, gives first aid treatments, keeps watch of sanitary conditions within the school, and teaches care of the body and hygienic living in season and out of season to parents and children and teachers.

A programme such as this is already taxing heavily each nurse's skill and ingenuity and intelligence. Yet constantly more and different demands are made upon her. This is especially true in communities where the work is new or just about to be established, as health administrators more and more realize the importance of health as a factor in the educational process. To indicate a little of the diversity of these demands, I should like to mention a few only of the requests for workers that have come to us recently.

For instance, one community wanted a school nurse who had had additional training in recreation work, and who would be qualified to direct all of the organized recreation and to supervise the school playground. Another school wanted a nurse who could also teach the regular classes in hygiene; and for this position, quite rightly, normal training and successful teaching experience were prerequisites. Differing still from these was the case of a normal school where a nurse was required who could not only supervise the health of students, but also act as social director, organizing and controlling the social life of several hundred young women. This work had opportunities for influence that can hardly be overestimated.

Another smaller institution wanted a school nurse who could also act as director of physical education. And again, different from this, was a rural community which wanted to find a school nurse qualified to act also as truant officer. This seemed a peculiarly interesting piece of work, and we greatly regretted our inability to find anyone fitted to undertake it. Another suburban community, where the long summer vaca-

tion apparently amounted to nothing better than a closed season for pediculi, wished to find a school nurse who could conduct a summer playground, teach hand-work, organize clubs of various sorts, and in general keep the children healthy and busy. It is of course somewhat naïve to expect to solve the vacation problem quite so easily, but the work was nevertheless interesting, and wide opportunity was to be given the nurse to develop it according to her conception of the community's needs.

Many requests come for qualified women to organize school nursing in communities where no medical inspectors are employed, and in most of these cases salaries are good and the scope of the work as wide as the nurse herself is able to make it. No one, I think, needs more careful training or higher qualifications than the woman who goes out alone to organize work and to establish standards that she must maintain single handed.

Even the few cases I have mentioned are perhaps enough to show the variety of ways in which school nursing tends to develop, and consequently how complex are the requirements for adequate preparation. This preparation, to be in any sense adequate, must clearly include a good general education, and a course in a nurse's training school offering thoroughly sound instruction in both theoretical and practical work. Such instruction should include hygiene and the maintenance of health as well as care of the sick. Even for the school nurse who gives practically no bedside care we consider both indispensable. She should furthermore understand as much as possible of the physical and mental development of both normal and abnormal children, and health problems of the adolescent and pre-adolescent periods.

Whether the nurse serves under the Board of Health or the Board of Education she is part of the educational system, and in order to give full measure of intelligent coöperation, she should have some conception of what the school system is trying to do; what the aims of education are in that particular community; and to what extent the methods used accomplish their aims. Especially where she is to participate in the teaching of regular classes it is not too much to expect

some understanding of the meaning of education, so that she may be an effective part of an harmonious working whole.

These are some of the more obvious needs of the school nurse for her duties within the school building. But we must remember that not the least important part of her work is not in the school, but in the homes of the pupils. And here she will meet sooner or later almost every social problem affecting child welfare. Indeed, even one or two industrial families followed over a period of years may easily present examples of every subject known to schools for social workers, with a few more for good measure that have never yet found their way into textbook or curriculum. She can hardly go far without meeting problems such as child labor, destitution, neglect, juvenile delinquency, as well as various social conditions affecting the home, such as unemployment, insufficient wages, work of mothers outside the home, industrial diseases and accidents, bad housing, lack of public sanitation, insufficient facilities for recreation, and always ignorance and poverty. All of these conditions may be entirely outside the nurse's province to remedy, yet frequently she is the first to discover them, and it may easily depend upon her ability to recognize their significance and to coöperate with existing social agencies, whether they are treated at all or allowed to go from bad to worse.

The problem of poverty comes especially close to the school nurse's work, and in view of the large amount of "social service" carried on even in some places where organized charities exist, I think we may well raise the question whether on the whole it is wise for nurses to act so extensively as distributors of material relief. The best visiting nurse associations refuse to allow their staff to act as relief agents, except in emergencies, in the first place because the nurses are not trained for such work, and in the second because it is not right to discredit visiting nursing in the eyes of self-respecting people by attaching to it the stigma charity. And here in the east especially, with the steadily increasing tendency among well-to-do parents to send children to private schools, I think we should be entirely sure of ourselves before we allow a member of our democratic school system to be known as a systematic giver

of charity. I am not however prepared to say that relief giving is never under present conditions a legitimate function of the school nurse, but if she is to be called upon to do such work, let us at least see to it that she understands the principles of relief giving, and has had some of the special training considered by social workers to be essential if good rather than harm is to result.

From all this it must be clear that the nurse needs training both broad and thorough if she is to measure up fully to her opportunities for service. And the question naturally follows, where and how this training can be obtained. At present I see three main sources, no one of which has yet even begun to be developed up to its fullest possibilities.

The nurse's training schools obviously come first. I am far from thinking that we can expect from them under present conditions extended training for special forms of nursing, any more than medical schools can send out fully trained specialists for any form of medical work. Yet we have a right to expect that the training schools shall give in the future a sounder basis for specialization than they have given in the past; and in view of the needs of this growing body of public health nurses we feel that it is not too much to expect more thorough and vital instruction in hygiene, in nutrition, in pediatrics, in both major and minor contagion, and throughout the course greater emphasis upon the social aspects and implications of disease. Even as much as this, while in no sense special training for school nursing, would render the nurse at graduation far better prepared for public health work than is now the case except in a few of our leading training schools.

"How should I know," I was once asked despairingly by a nurse new to public health work, "what healthy children ought to eat, when I have never known any except sick ones? I sometimes wish they were all good sick typhoids, and then I should know what to do!" It is not too much to hope that nursing typhoid may sometime be no more important than nursing smallpox is now. But proper feeding of healthy children will never become obsolete.

Furthermore, either in the training school or elsewhere, we must in the near future provide for school nurses adequate

instruction in the diagnosis of communicable diseases and physical defects. I use the word diagnosis deliberately, realizing how unorthodox it is to do so: the doctor diagnoses, the nurse "detects" or "suspects," or acts according to some other circumlocution locally preferred. Now no one of us wishes the nurse to usurp the physician's duties; her own are already more than she can well perform. But whether we approve or not, this work is more and more given over to nurses, and their measure of success appears sufficient to make its continuance probable.

In Salt Lake City, for example, excluding for communicable disease is done by the nurses; children thus excluded are visited within twenty-four hours by medical inspectors. The School Survey of 1914–15 showed that in 60 per cent of the excluded cases the nurses' "suspicions" were confirmed by the physicians' subsequent diagnoses; in 23 per cent the "suspicions" were not confirmed, but conditions were found requiring medical attention, while in only 17 per cent was medical attention unnecessary.

Now we may as well admit that it is too late now to decide whether school nurses shall or shall not diagnose: they are already doing it. School boards have found it a cheaper arrangement; it has become a question of dollars and cents. Consequently we are facing an actual, not a theoretical, situation, and on the whole I think we are facing it with a surprising lack of candor. If it is right for nurses to do this work, it can hardly be wrong to train them for it. Let us, then, have done with straining at gnats and swallowing camels.

For fundamental training in the non-technical side of school nursing, we must look to post-graduate courses. It is evident that the school nurse should know at least the elements of psychology and the principles of teaching, of sociology and social work, of chemistry and biology and their applications to preventive medicine and sanitation; and she can profit greatly by other college studies, especially theme work in English, history, and economics. More and more these post-graduate courses will be developed in colleges and universities, constantly becoming better adapted to the student's needs. From them we rightly expect great things. But to many nurses

the cost is prohibitive; we cannot look forward to any time in the near future when even the majority can afford either the time or money for post-graduate work. Probably the best we can expect for the present is to train leaders, women who shall go out well equipped to organize and direct.

If this is true, a large share of responsibility for training school nurses must rest for a long time to come upon these women who have had the energy and self-sacrifice to secure advanced instruction. And consequently we must regard the work itself as the last but by no means least of the sources of training. By this I do not mean that regular training courses should be established; this is probably better left to educational institutions. But I do mean that any organization employing nurses should deliberately and consciously assume its share in the education of its workers; that it should teach not only methods, but reasons for methods; not only technique but principles and ideals; not only how to measure the day's work in hours checked off in the time-book, but in terms of service to the community. We all of us know organizations doing this and more, giving their workers not only employment and pay checks, but also training and scope for all the ability they possess. Others, unfortunately, we also know, which exploit their workers less brutally but no less surely than certain industries, taking the freshness and power of their youth, and leaving them in their middle years sapped of strength and of spirit and of all that makes work not a joy but a burden.

"Fools indeed are mankind," said the Greek Theognis, "to weep for the dead and not for the flower of youth perishing." We realize today that it is better to prevent than to weep over the destruction of children. And so these problems in the training of school nurses are worthy of our best efforts to solve, because directly or indirectly they bear upon the welfare of the children of the nation. Surely no skill is too great, no training too good, for these women who are so devotedly giving the best of their lives that the flower of our youth may not perish.

The Value of Volunteers in our Work*

A. A. Graves

Twenty-five years ago we should have been amazed if we could have foreseen the amount of specialization which has come about in the nursing profession, and the many fields of opportunity open to nurses. Nowadays, our hospital training is often *only the foundation*, and other study is most desirable in fitting us for specialized Public Health Nursing positions. We must learn the technique of nursing, the technique of social work, of laboratory methods, etc., in order to be the most effective in these lines of work. Naturally we would rather have all our co-workers possessed of similar training. However, if this is not possible, can we profitably utilize the efforts of *untrained* workers, if their service is given without salary? In other words, do we *gain* or *lose* by the help of untrained volunteers?

I have written a number of organizations who are doing public health work, to find out their views on this matter, and received varied answers.

One superintendent of a visiting nurse association wrote that she considered their work of so serious and technical a character that she did not wish help from any but trained nurses. Another writes that several volunteers have proved themselves very useful at clerical tasks although she cannot depend upon them for *continuous service* as they take frequent jaunts to the South in winter and are always away all summer. Another visiting nurse association keeps the steady interest and coöperation of a number of young women of wealth by holding weekly case committee meetings, at which problem cases are discussed involving social work. For some associations the volunteers make all surgical supplies, but one supertendent objects to this on the ground that it is not sufficiently absorbing work to hold the interest of intelligent women, and should be kept for the employment of cardiacs and other handi-

* Paper read at Session on Organization and Administration, New Orleans, April 29, 1916.

capped patients who can make a living in that and *no other* way. Many mothers object to having their young daughters sent to make home visits in tenements and there really *is* danger in many cases especially if the young women are dressed too well or give evidence of inexperience. It *is* also sometimes *possible* for them to contract contagious diseases. But the greater danger than any of these is that they will put a wrong construction on many of the sights they see and become unduly harassed or emotionally upset by their visits to homes of poverty and make unwise gifts or plans for the families they call upon. I have grave doubts of the wisdom of sending into the average tenement home a young woman brought up in a sheltered or luxurious home, unless she is accompanied by an older worker who can interpret to her the things that seem strange or terrible. Even then, the trip may so nearly resemble the slumming or sight seeing expeditions of the curious as to constitute an invasion of the privacy of the home visited, and lose for us the friendly relationship of patient to nurse.

In dispensary and hospital work, it is entirely different. Many such organizations are finding volunteers of the *greatest use.* The Out-Patient Department of the Massachusetts General Hospital has 34 volunteers on its list, under the direction of a supervisor of volunteers. One has a position at the information desk; some escort patients from one clinic to another, and others act as clinic secretaries, keeping a record of attendance, and sending follow-up cards to those who do not return when they should. Every other week the volunteers have a meeting for instruction and discussion.

The social service worker for the Out-Patient Department of the Rhode Island Hospital, after describing the work of her volunteers, says very truly that the success of volunteer work lies not only in their *careful supervision* and *constant instruction* but in the maintenance of a *high standard for admission* to the body of volunteer workers. Hospital Social Service lends itself more readily perhaps to the help of volunteers than either nursing associations or dispensaries, and the ways in which volunteers can be used are endless. I know of a club composed of young girls all of whom are poor in worldly goods, and often have to go without things that they really need.

About once a year they give a little entertainment and charge a small admission fee. The profits are used to help someone poorer than themselves. One of the members is an invalid. One day when she was rather depressed and when a reason was sought, the following was given. Some well-meaning friend had told her that she thought that as they were all so poor it would seem more reasonable if they would put the time and energy spent on their entertainment into something for themselves and their families. It seemed like depreciating their gift and the patient was promptly assured that there are none so poor that they have not something to give another. It is simply a question of what the contribution shall be and where it will be of the most value.

One of the most important things to remember in using volunteers is that people *do best* the work which they *enjoy*. As far as possible, find for each person the kind of thing she really *likes* to do. There are the musicians, the teachers and other professional people who are glad to share their gifts with somebody else. There are those who are especially interested in the welfare of the aged, others in the entertainment of children, telling them stories or teaching them games.

Some shrink from coming in contact with people who have special needs, feeling that they have no knowledge of how to approach them. Often when these volunteers are employed in a more or less *impersonal* way for awhile, such as delivering messages or escorting patients, they gain such interest in the individual cases that they give of themselves unconsciously and gain self-confidence and inspiration. One volunteer who had been escorting patients for some time from clinic to clinic was one day placed in a position where she had to do some emergency work. The result was quite remarkable and she did constructive work that a trained worker might have been proud of.

In hospital social service, it is very necessary to keep in mind that we are only a *part* of a big organization, and if we want to do our share we have got to fit in with the other departments *without friction*. The Social Service Department may be likened to a part of a great machine, added because it was found that it increased the efficiency of the machine. If it

does not fit well and run smoothly it is useless, in fact, a hindrance rather than a help. If it does fit well and run smoothly there is no disputing the fact that it is an addition of great value to the hospital machinery.

In order not to interfere with the hospital routine, in Hartford Hospital we allow no volunteers on the wards except in visiting hours. In the mornings the wards are busy, then comes lunch hour, then rest hour, and only in case of emergency do we break into these. We have also to remember that the patients come to the hospital for *care* and not for entertainment, and that a short time each day of outside interests, is sufficient to relieve the monotony and give them something pleasant to think of. The hospital ethics have strictly to be observed, the courtesy of addressing the head nurse before entering her ward, etc. Volunteers have been working for a year and a half for the Social Service Department of the Hartford Hospital with very gratifying results, and the time has come when they realize so fully that the best work is done through *good coöperation* and *under supervision* that they themselves have asked for written, uniform instructions, so that they will not infringe on hospital rules and ethics.

No volunteer is accepted unless she promises a *stated morning or afternoon each week*. She is given her choice of work and directions as to how to proceed. There is a book on the desk in which each volunteer registers on her arrival and finds her work is for the morning or afternoon, as the case may be. If she is a ward reader she receives a list of those who would appreciate particularly being read to on that day and often she has the same patients to read to week after week. The patient feels that she is a friend as well as a reader and looks forward to her coming on a certain day. No promiscuous visiting is allowed through the Social Service Department, and the volunteer visits only the patients who are on her list. One who is especially successful with children spends her time each week in the children's ward telling them stories and all who are able to be up gather about her to listen. At present there are twelve regular volunteers a week, each of whom is doing her special work. The ward work consists

of reading, story telling, letter writing, the teaching of knitting or crocheting to long medical or chronic cases, singing, distribution of flowers or fruit (by list), friendly visits, and taking for drives patients who have been shut in for months.

Many of our patients are from out of town, and their friends and families can not get in often to see them; and to these particularly the personal interest and visits of the volunteers are most grateful. Some of the volunteers help with the office work, writing letters, copying records, etc.

Four a week bring their automobiles and escort patients to their homes or to institutions or to the doctors' offices, and to take patients from their homes for drives when they are unable to get out for a change and fresh air in any other way. Some take the social service worker around to make her home visits, enabling her to accomplish twice as much as would have been possible without their help. Very soon we are to have monthly meetings of the volunteers for the purpose of instruction and discussion, and we expect to consider at these meetings all suggestions for new lines of work for the patients.

We have seen what volunteers can do for visiting nurse associations, for dispensaries, and for Hospital Social Service, in the way of actual work. When we have well educated, fine women who volunteer to help in work such as ours, it seems as if the fault is our own if they are not of value to us. Aside from what they accomplish with the patients, they bring enthusiasm and interest into the department, and many outside contacts of great value to the work. Moreover, through this knowledge of our problems, they are preparing to be intelligent board members for ours and other organizations. They talk to their friends who often initiate similar work in other places. Their instruction and supervision takes an enormous amount of time, but it certainly is tremendously worth while if we are in this way widening the scope of their efforts and deepening their interest in the real welfare of the families and individuals with whom we work.

Visiting Nursing in the Skin Department of the Massachusetts General Hospital

DOROTHY ATKINSON

Editor's Note: The following interesting report has been forwarded to us by Miss Sara E. Parsons, Superintendent of Nurses in the Massachusetts General Hospital, with this word of explanation: "I am sending you a report written by the visiting nurse of our Skin Department, which gives such an interesting idea of her work that I am sending it to you, thinking possibly you might find something in it for the QUARTERLY. Miss Reilly, who ordinarily does this work, is at present superintending a cottage at the beach, where she has fourteen of the skin children, and Miss Atkinson is substituting in the district. So far as I know, they are the only nurses who are specializing in this branch, which is ordinarily so unpopular. The doctor says the nurses took up the idea of visiting the mothers and reporting on the children who were at the beach and in the hospital, of their own accord, and that it has led to the best results in saving the time of the mothers, the expense of trips to the hospital or the beach, and has made them feel very contented concerning the hospital care."

As visiting nursing is a brand-new phase of nursing for me, and as I am Miss Reilly's assistant, I have endeavored to carry on the work in much the same way that she has done.

A great deal of my time during the first week was spent with children who were going to the beach; the second week in getting them to the beach—a very interesting experience in itself.

The children know me as "the other nurse" who sees their mothers. I have made a point of keeping in touch with each mother by calling on her when I am visiting in that neighborhood. The parents are always very glad to see me and I am the bearer of many messages between parents and children.

I have found my own work very interesting. My first case was that of a five months old baby whose head was in a very bad condition from impetigo. The parents were Syrians, intelligent and clean, who had lost one baby and were very much worried about this one. It was only a matter of three visits before the head was entirely cleared up and on the way to quick recovery. How pleased and grateful those parents

were! There was nothing they would not have been glad to do for the hospital and me.

Another baby of the same age with a very bad eczema, I found on my first visit to be improperly fed. The parents were about worn out for the baby gave them no rest day or night. Arrangements were made for the baby to be brought to the children's clinic the following day. With daily treatment for the eczema and proper feeding, at the end of the week you would not have known the child—one more friend gained for our work at the hospital.

I found the mother of one East Cambridge family to be the sole support of her two small children who were cared for daily in a local day nursery. On account of a mild impetigo, one of the children had been excluded from the nursery for a week and the mother had been able to earn nothing. It was my second visit, on a Saturday, when I learned the true state of affairs. I immediately forwarded a small sum of money from our fund in anticipation of referring the case to social service on Monday. I made a Sunday visit, knowing that in this family my services were indispensable in obtaining results. To my complete surprise I found the child so near well that it was safe to let him return to the nursery the following day. The case is still in the hands of the social service and I am in hopes something can be done towards helping the family.

Many times when going to our social service worker about some cases I have thought, "How hopeless it all must have been before we had a social service department to do this work for us."

Some of my neighbors at home, who are much interested in my work, have provided flowers for me to carry to Boston in the morning. As the North End is always my first aim, the flowers disappear in very short order; in fact, those I have saved for my patients I have had to box out of sight of the children's "Please give me a flower, nurse!"

Visiting nursing gives a personal insight into the environment of our patients. The nurse is the general confidant of all and her eyes are soon open to what many people are up against in the world. She is treated everywhere with the greatest respect, a fact which makes her desirous of doing her best in order to be worthy of that respect.

A Municipal Occupational Disease Bureau

FLORENCE E. PERRY

For the past two years the Tuberculosis Bureau of the Division of Health in Cleveland has recorded an occupational history of all patients applying for treatment at the municipal dispensaries, and from this data it has been possible to develop the nucleus of an Occupational Disease Bureau.

Though somewhat nebulous as yet and working from the tuberculosis angle only, we hope to develop and maintain a bureau which will adequately care for all industrial health problems and disseminate the knowledge of industrial hygiene.

Cleveland as an industrial city presents characteristic health problems which are peculiarly the duty of the local health department, although the responsibility for the prevention of occupational diseases might be divided into the following groups:

The State. Through protective legislation and the collection and dissemination of data. By Government Health Insurance.

Physicians. By prompt reporting of occupational diseases to local health officers. By ascertaining whether illness is due to occupation, this including diseases other than the more specific occupational diseases.

Manufacturers. By providing hygienic working conditions and insisting on the use of all necessary protective appliances and special prophylaxis.

The Employee. By acquainting himself with the hazard accompanying the process in which he is working and the use of necessary precautions and protective appliances.

Technical and Industrial Schools. By teaching the hazard with the trade and the best means of protection from it.

The Press. By aiding in campaigns against industrial health hazards.

Employment Agencies. By endeavoring to fit the man to the work from a physical standpoint.

Undoubtedly by the concerted efforts of these groups

industrial health regulations could be made so effective as to reduce this particular loss of life and health to a minimum.

At the present time the work of the Occupational Disease Bureau consists of

1. Recording occupational histories received through the dispensaries.

2. Reporting to the state all cases of industrial tuberculosis.

3. Visiting the local manufacturies and industries, to learn the extent of industrial welfare work and to bring their attention to cases of occupational disease coming from their plant.

The occupational histories are filed according to the firm or trade in which the patient has been employed, this method readily showing the presence of health hazards in particular industries.

When the work has been purely of an industrial nature a comparative history of the employment and home conditions is sent to the State Division of Industrial Hygiene, which has recently adopted the plan of communication with employers by letter requesting them to look into conditions complained of by the worker and to endeavor to correct them where possible. Some antagonism has been met; the majority of firms, however, were grateful to receive reports and signified their willingness to coöperate with the state and city health departments in an effort to eliminate industrial health hazards.

I have met the same spirit when visiting factories and feel that the present interest in industrial welfare, though probably due to the scarcity of labor, has almost attained the proportions of a reformation.

In the majority of firms visited I have found some one person detailed to look after the interests of the employee and in many cases well organized welfare departments; the latter including:

1. Medical and nursing service.
2. Dispensaries and rest rooms.
3. Lunch rooms.
4. Organized athletics and bands.
5. Lecture courses and libraries.

6. Vacation camps.
7. Savings departments and sickness insurance.
8. Profit sharing and coöperative stores.
9. Model tenements.

Many employers have spoken enthusiastically of the value of medical inspection and nursing service, but feel that the other welfare activities are adopted for their advertising value. This may be true in part, but personally I feel that any measure which would in any way mitigate the fatigue which the appalling monotony of the work in a modern machine shop must produce is bound to have a direct influence for good on the health and morale of the workers whether or no the intention is to create greater efficiency, or one of altruism.

Medical inspection in factories is operated usually in close coöperation with the employment office and contrary to many opinions, works no hardship upon the men, as by it men are given work suitable to their physical ability. They receive the benefit of early diagnosis and are advised to obtain treatment either surgical or medical for any physical defect that can be corrected. In two firms visited in Cleveland where medical inspection is established it is possible to employ with safety epileptics, chronic heart cases and cripples.

The benefit of medical inspection to the employer is apparent though difficult to appraise, but in creating greater efficiency, the protection it affords from law-suits, and in furthering the retention of labor, employers have been unanimous in its praise.

Industrial nursing is a comparatively new field but one which is growing rapidly and which might be helped in many ways by organization, particularly when the nurse is not allied to other public health nurse organizations. In many firms the nurse's duties are limited to dispensary service, first aid and the keeping of records for accidents, diseases and the industrial compensation. In others she has greater scope, being responsible also for sanitation of the plant, catering for lunch rooms, holding classes in personal and industrial hygiene, home investigations, and is sometimes required to make simple physical examinations. Organization would afford the nurses an

opportunity to meet and discuss their many problems, which are undoubtedly similar.

In the larger industries the specific occupational diseases seem to be a subject of vital interest at the present time, due no doubt to the shortage of labor and the attention brought to them by the industrial commission. Many firms have already adopted the special prophylaxis necessary for their elimination and others are giving the matter their consideration.

The greatest need no doubt in an industrial community is a hospital and dispensary for the study of occupational diseases which would afford the necessary material for research in this comparatively new branch of medicine. Such a hospital is maintained in Milan, where it has proved of inestimable value. Among the functions undertaken by this institution are the visiting in the homes of artizans affected by industrial diseases who may be unable to attend clinic; the instruction of the family and friends of industrial workers in hygiene; and the recognition and avoidance of special occupational hazards; the publication and distribution of leaflets of instruction; the holding of popular conferences to discuss occupational hazards; the instruction of students in special courses of occupational hygiene, diagnosis, laboratory analysis, occupational diseases of the circulatory, respiratory, osseous, nervous and cutaneous systems and of the eyes; radiography and occupational diseases transmissible from animals to man and the relationship of tuberculosis, syphilis and alcoholism to occupational diseases. A similar institution established in this country would be of inestimable value.

The industrial health campaign should be of enormous value to that of the public health, affecting as it does the health and welfare of that large group—the wage earner and his family.

The two movements should be closely coöperative, which will probably be best brought about through the adoption of government health insurance, by bringing together the three groups responsible for the prevention of industrial and occupational diseases—namely, the employer, the worker, and the public, and do most to establish the value of human conservation and to dispel the idea that "Labor is a Commodity."

Industrial Nursing

Alice Leonard Eastman

The work that nurses are doing today in manufacturing establishments throughout the United States is attracting the attention of employers, the public and the nursing profession.

It is not many years since this new field for nurses was opened, although some of the larger industrial firms have employed the services of doctors and nurses for some time and have done extensive Welfare Work, as it is commonly called. Recently, however, many firms have engaged nurses to look after the welfare and general conditions of their employees; and in order to be prepared to take these positions nurses should acquaint themselves as much as possible with the field and what is being done in it.

The fact that employers are finding the need of a nurse essential, especially where many women are employed, proves that this work has passed the experimental stage and is recognized as a benefit to the employer as well as to the employee. In each large city capable and efficient graduates, familiar with industrial nursing work, should be registered as Industrial Nurses. During the past year much publicity has been given this new era of industrial betterment, and illustrated booklets and pamphlets have been freely circulated showing the improved conditions. Very little, however, has been written regarding the nurse in industry to instruct or inform her regarding the work or how to proceed.

How will you start and what will you need? the employer will ask. You will need an office or dispensary centrally located in one of the factory buildings easily accessible to the employees, where you will be on duty during working hours, except when making visits to sick or absent employees or attending to other matters. The dispensary should be equipped with every convenience for first aid work and simple remedies for medical cases. A rest room, with couches and blankets where one can lie down is very necessary, as girls will seldom go home when they find their "aches and pains" can be relieved by a nurse.

From the modest dispensary and rest room some establishments have elaborated the idea and furnished several rooms with the most modern hospital equipment. It is important to inspect some of these factory dispensaries, so that when you take up the work you will know just how to proceed in arranging your quarters. Much, of course, will depend upon how much space and expense the company wishes to allow.

I started with a small office and rest room. My duties include minor dressings of all kinds, examination of new employees, guarding against skin and eruptive contagious diseases, visits to the homes of absent and sick employees, bringing to the attention of the doctor cases for him to examine and treat; if a doctor is not employed the local dispensaries and hospitals can be used. Sometimes it is arranged for some near-by doctor to attend to accident cases and emergencies.

My health talks on prevention of illness and disease, especially "blood-poison," have had splendid results; by attention to little things, such as cuts, scratches, burns and bruises "blood poison," as it is commonly called, has been almost entirely eliminated.

Toothache and headache, the latter frequently caused from eye-strain, receive prompt attention, and when fees for examination and treatment cannot be afforded patients are sent to our local dental schools and Eye and Ear Infirmary.

I go through the factory every day to discover any sick or absent members of my family, encouraging all to come to me with any trouble or ailment and striving to counsel and advise them to the best of my ability. The foremen and forewomen are instructed by the management to send anyone receiving an injury or feeling ill to the nurse, and in many cases it is possible to relieve them so that they can return to their work and not lose time by going home. In this way serious illness is often prevented.

Our modern factories contain sun-lighted departments, well ventilated and with plenty of fresh air, individual lockers for clothing, "bubblers" in the place of common drinking cups, clean, sanitary toilets, individual towels, stools for those who care to sit down, restaurants where clean, wholesome food can be obtained at a minimum cost, class work, clubs, playgrounds, etc.

Manufacturing concerns often own all the buildings near and around their plant, they have colony houses, tenements, reading rooms, and many times the nurse has charge of them; she inspects homes, rents apartments, gives pre-natal advice to expectant mothers and instructs them how to take the best care of their children.

The nature of the nurse's work will depend largely upon where she locates and what is manufactured. She can be of help and service in many ways, not only to employees themselves, but also to members of their families. The following cases illustrate some of the ways in which the nurse can help.

In one of our families the father, 53 years old, was out of work, the daughter, 18 years old, who helped to support the family, had been at home ill for three weeks. The mother, about 40 years old, was in the second stage of pulmonary tuberculosis and was eight months pregnant. There were also two girls, one 11 and the other 2 years old. With the assistance of the Associated Charities we had the mother treated by the city physician; the baby died shortly after birth and the mother was placed in the tuberculosis ward of a hospital near by. The father was put back to work, the sick daughter received attention and returned to her work and the two children were placed in the Day Nursery until some better plan could be arranged.

In another case a woman had worked for us for several years; then her husband died, leaving her with three small children. She was an Italian and spoke very little English, and her health was poor, owing to a run down condition and years of hard work. I investigated her conditions at home and recommended a mother's pension to the overseers of the poor, who acted upon and granted it. The woman is now at home caring for her children, not over strong, but happy in her little home.

A sister of one of my girls worked in a laundry; she caught her hand in the mangle and had to have it amputated. Under the Working Man's Compensation Act she had received two-thirds of her weekly wage for a period of two years; the Insurance Company then wrote that the six dollars would be reduced to three dollars and that it was time for her to get

work of some kind to do. I sent for her to come to my office and after a talk sent her to the Legal Aid Society with a letter, asking them to investigate her case as she was most worthy. Some months later I received a report of the case stating that resumption of the compensation payments had been secured and had been continued until, by the assistance of the Society for the Relief of the Handicapped, the girl had secured a position as switchboard operator at one of our local hospitals—a position which promised to be permanent and in which she could earn more than she had done before her accident. She was therefore not entitled to further compensation for disability and the matter was taken up with the Insurance Company; it was represented to them that they were being saved a considerable amount of money owing to the help given the girl and her instruction in telegraphy, and the company thereupon agreed to pay an additional lump sum of $180 in order to close the case. The young woman now has an artificial hand and a position which has brought her independence and happiness.

Occasionally incipient cases of tuberculosis are found, and we advise them to go at once to the country, or, if the disease is advanced, arrange to get them into tuberculosis camps or state institutions. Girls who are in a debilitated condition are sent to convalescent homes on the outskirts of the city to rest and recuperate.

The nurse should strive to keep the employees well, happy and content, as far as she is able to do so; she should study them at their work and encourage them to give her their confidence; she should assure them that she is always their friend and that it is a pleasure for her to help them in any way. A great deal of physical inefficiency and sickness caused from ignorance can be eliminated, and the better the health of the employees the better their work. Nurses are needed in all large factories where any number of women and girls are employed, for there are always cases of syncope, dismenorrhoea, epilepsy, minor ailments and numberless accidents to be attended to.

A day book should be kept in which all office calls should be recorded and any important cases posted to a ledger or card file. A weekly or monthly report should be sent to the management.

Industrial nursing has no limitations, and although the work is sometimes hard and the day crowded with varying demands and duties, the satisfaction derived from the results more than compensates.

Stamford Baby Week Exhibit

Editor's Note. The following description of the Baby Week Exhibit held in Stamford, Conn., has been sent to us by Miss Pansy V. Besom, Superintendent of the Association. The Exhibit was prepared in consultation with Mrs. Routzahn of the Russell Sage Foundation, and turned out to be a great success. The description should prove suggestive and helpful to many of those who desire to prepare such an Exhibit, but find it difficult to know just how to go to work.

All exhibits were displayed in shallow booths with a railing along the front. Labels for each article were well lettered and large enough to be easily read.

1. *Prenatal Care*

   Display of equipment and clothing needed for mother and baby at time of birth.

   Panels on

   Prenatal care

   Midwives

   Care at birth

   Space 7 feet deep by 10 feet long

   Leaflets on prenatal care distributed.

   Postcards addressed to Children's Bureau requesting pamphlet on Prenatal Care were sold for one cent.

2. *Bathing the baby*

   Equipment for baby's bath, including cupboard with shelf for soap, a cheap box for baby's clothing, an inexpensive and attractive basket fitted up with toilet articles, towels, table and tub. Demonstrations given, using a doll and part of the time a real baby. The nurse in charge did not merely go through the motions but bathed the doll or the baby and dressed it. Water was warmed on the gas range in the adjoining booth. One panel on Bathing the Baby.

   Space 7 feet by 10 feet

3. *Feeding the baby*

   Booth equipped with stove, table, home-made ice box, home made fireless cooker and equipment for modifying milk and a wash stand. A wash bowl such as is used in a bath room was placed on a standard made by the carpenter, with a shelf at the top upon which was placed a 5 or 10 gallon oil can with a faucet; underneath was placed a pail as large as the can to catch the water from the bowl. A curtain of cheese cloth was used to cover frame stand and oil cloth for the oil can.

Demonstrations were given by a nurse in modifying milk, accompanied by brief talk on baby feeding.

Panels on

Mother's milk

The best substitute

Feeding the baby

Space 7 feet by 14 feet

4. *Sleeping*

The booth contained an outdoor sleeping box attached to the window, a basket with a doll baby, to be set in the window box, a sleeping out hammock, baby bed, pen, and good and bad baby carriages.

All the articles except the baby carriages had been made by a carpenter under direction and were inexpensive.

The demonstrators went into much detail in explaining the use of equipment, hours for sleeping, etc.

Panels on

The Baby Asleep

Fresh Air and Exercise for the Baby

Space 7 feet by 16 feet

5. *Things good and bad for the baby*

A long table was divided into three parts by strips of tape. The center division contained a large assortment of articles and the empty spaces at either side were labelled respectively, "Things Good for the Baby" and "Things Bad for the Baby." The articles included a pacifier, a soothing syrup bottle, a celluloid device for the baby's thumbs, a pickle, sausage, cake, bottles labelled and containing tea, coffee, beer, water, a banana, a toy bed with baby sleeping alone and another with baby sleeping with mother, a rubber diaper, a good nursing bottle and the wrong kind of nursing bottle, etc. The explainer gathered a group of spectators and then called on them to tell her in which of the two spaces (for good and bad) each article belonged. After all the articles had been sorted into the right spaces—with proper explanations, they were jumbled together in the central space again, ready for the next crowd.

Panel

Things to avoid

Space 7 feet by 10 feet

6. *Clothing for the baby*

The clothing display was supplied by a department store, which sent show cases, standards and tables. Patterns for simple garments were made by women and sold for one cent each. A long table was kept cleared for cutting and women were invited to bring material and have it cut for them at the booth. The clothing was for children up to six years. Good and poor wash materials were displayed on cards.

Panel
Clothing the baby
Space 7 feet by 20 feet

7. *Baby health conference*

The Conference was carried out along the lines suggested by the Children's Bureau (see Baby Week Campaigns) with the added feature of a Baby Improvement Contest for babies under one year, to continue until September. Children up to six years were examined.

In Stamford, the committee were especially fortunate in having a space excellently adapted to a Baby Health Conference, directly across the hall from the Baby Exhibit. This included a waiting room, dressing room and large room (about 60 by 30) for examinations. The large room was divided by wire screen into examination and audience rooms.

8. *Children's exhibit*

As it was decided to include welfare of children up to school age in the educational work of the week, space on a separate floor was devoted to the following subjects:

Children's games, especially home occupation
Children's books and story telling
Food for children from two to six years
The "Don't care home"
The "Do care home"
The milk supply
The Children's Home Society
A Dental Clinic

Stories Told by Nurses

I. Giuseppe

Claire Funk

A beautiful name, but this particular Giuseppe is a very ordinary appearing Italian, undersized, rather heavy set, none too clean, hands roughened and stiff by much wielding of the heavy pick, and a breath always heavy with garlic. His hair is jet black, and very thick, eyes dark brown and patient like those of a collie.

His home is on the lower east side in the Italian quarter and consists of three poorly furnished rooms heated only by a broken cook stove placed in the middle room, in the vain hope of heating the others. There live Giuseppe, his wife, and four children. When the district nurse first found him he was bending over the crib of the extremely ill baby, trying to make it take some nourishment.

The wife was sitting by the table with her head bowed on her arms, too sick herself to care for the child, yet she could not be persuaded to go to bed. The nurse bathed the feverish baby and gave the treatment ordered by the doctor, the father anticipating her every need and deftly assisting when necessary. The kindly curious neighbors came in and out, helping little but talking much, sometimes fondly lamenting for the mother and at others uttering devout prayers for the apparently dying baby. The next day the wife of Giuseppe was ill in bed, but there were fresh clean clothes for the baby and clean linen for the crib. The house was tidy and a pot of split pea soup bubbled on the stove. The nurse thought some good neighbor had given her services to the stricken family. While she cared for the baby the nurse talked with Giuseppe.

"Who cooks for the children now that the mother is ill?" she asked.

"Me se'f do," answered Giuseppe.

"And who does the washing and cleans the house?" she asked.

"Me se'f do," came the answer.

"But don't you have to go to work to support the family?" queried the nurse.

"Sure, Signora, night time my law-mother watch baby and wife and me work in subway. One night baby too mucha sick, me no go work. Next night Boss say 'What's matter last night? Next time you no come like that you no find no job no more'—me say, 'please Boss me got too mucha trouble at my house, me baby mos' die, me wife mucha sick too. Me goota watch and give medicine.' Boss say sof' like 'a' right. Me gotta sick baby too. You no come tonight, you find job just same.' "

Thus was found this humble hero—patient and faithful, nursing his wife and baby.

Doing the washing and cooking and cleaning during the day and working at night to earn money for food and medicine. Guiseppe is very proud of his English and is delighted when the nurse gives him a new word for his limited vocabulary, or corrects his pronunciation.

Some day Giuseppe will become a citizen (he has taken out his first papers) and somehow the feeling comes over one that he will make a good one.

II. A Friend of the Family

Camello was a bright little Italian lad of three years when the visiting nurse had the good fortune to pick him from between the wheels of a heavy wagon that had driven over him before the eyes of his frantic mother.

Amidst a throng of wildly excited neighbors the nurse carried him to a nearby dispensary and found that, aside from a crushed thumb and a slight scalp wound, little damage had been done.

Since that day the brown eyed mother has been a firm friend of the nurse and often times asks her advice about one thing and another, because the nurse always took time to answer each little question carefully. When another little stranger was expected it was easier to advise the little American dresses and outfit. After much patient explaining and reason-

ing, the benefits of a doctor instead of a 'Levatrice' were understood by the expectant mother.

In due time little Guiseppina was born, bringing great joy to the heart of Marie and Gaetano, who had been worrying for fear it would be another boy. A short time after this Gaetano lost his job and the shop that Marie had been sewing for refused to let out any more garments. With the aid of the visitor from the Associated Charities a diet order was procured for Marie, so that little Guiseppina was assured of enough food.

After a long time of looking for work without success Marie and Gaetano decided sorrowfully that they must leave America and give up the hope of American schools for Camello and return to Italy.

Having no money this would mean going to the Italian consul and asking him to send them across to Marie's mother and father. After much urging from the mother and a word from the nurse the consul promised to send them before it would be too cold for Guiseppina. "And will you come back to America, Marie?" asked the nurse. "Oh, no, Americis, bye and bye my Camello and my Guiseppina come back when they grow up, because they are Americanos, but I will not come, nor will I ever forget my kind friend the Americis."

III. An Apt Pupil

Mr. B. was twenty years old when he came to America. He left behind him in sunny Italy a nice young girl about his own age. He had no trade; he spoke no English, but his courage was good and his affection for the girl was very inspiring. He secured work as a laborer, and by saving every cent that he did not have to spend for the necessaries of life, in two years he had enough money to pay the girl's passage to America and furnish two rooms.

As neither had any relatives in Boston, they were married at the dock and went directly to the new home.

The young wife came under our care in the regular routine of our prenatal service, when she knew that she would soon become a mother. No wonder she was timid. What did she know about babies and baby clothes? It was touch-

ing to feel her welcome when we visited her. All our advice as to her diet, sleep, exercise, fresh air, rest, and proper dressing was eagerly accepted and carefully followed.

Then followed the buying of the material for the infant's slips, gertrudes, bands, shirts, blankets, etc. The eagerness with which this girl grasped things and her appreciation of the fact that, although their income was small and they were far from their own people, they were to have as much for their baby as any English-speaking neighbor in perhaps better circumstances, were pleasant to see.

The baby was born. There was great rejoicing. For ten days the nurse made daily visits, took the mother's temperature, pulse and respiration, washed her face and hands, changed her clothing, made the bed and bathed the baby. Every day or two she gave the patient a bed bath. How much the baby looks like his father and his grandfather! His eyes are dark and even his hair is beautiful.

All the family linen was brought out of the box, the crocheted laces and ruffles were put on the beds and pillows. Everything was so clean and satisfactory. In spite of the smallness of the income, there was an air of great joy in this little home. How the nurse wished she understood their language when they talked about their son and heir, and tried to tell her how much they appreciated what had been done for them!

The best of this story will be told when a second son is expected in that home, for with such a responsive patient, lessons once learned are not forgotten.

IV. Helping Those Who Help Themselves

No part of this street ever seemed cheerful or inviting, but the end near the railroad yard was decidedly depressing. Mrs. A. lived in a dismal-looking tenement house, with several blinds hanging off and here and there a broken pane of glass, with a piece of newspaper or an old skirt inserted to keep out the cold and the dust. The nurse, although accustomed to dark entries and narrow stairways, could not help feeling a little of the atmospheric depression. Climbing the stairs she

knocked on the door, and was invited to "come in" in a very weak voice by a woman who was in bed in a little bedroom off the kitchen.

The case had been referred by the district doctor. The woman had nephritis. She had been in bed three days. She was a widow with five small children to support. Her husband was killed a year ago while delivering a load of coal in the business section of the city. He was obliged to use an elevator to reach the person who was to sign the paper which teamsters use in such cases, and through some imperfection in the mechanism of the elevator he was carried to the ceiling and crushed to death.

The widow was left with no insurance, no people, no education or trade, and with five little children, to face the world. She had not worked outside her own home since her marriage. She had not needed to. She had a good, thrifty husband, who gave her his week's pay every Saturday night. The children were well fed and nicely dressed. They were kept at school for the parents hoped to give their children a better start in life than they themselves had had. After the man was dead, the widow prevailed upon her cousins, two young men, laborers with small pay, to come to board with her. She secured work for three hours every day. For this she was paid five dollars and sixty cents a week. On the money earned in this way three adults and five children had to be supported. Is it any wonder that the poor woman lost her health, with housework and cooking for eight people, besides three hours every day at cleaning?

Mrs. A. did not want charity. She wanted health and work. She was happy in caring for her children and looking forward to the time when the boy, who will graduate from the grammar school in six months, would be able to add to their income.

She had pawned some of her blankets to buy shoes for the children, rather than accept charity. There was a great deal to be done in this case. Each morning the nurse called, finding always Mrs. A. waiting expectantly for her care and encouragement.

She bathed and rubbed the patient, combed her hair,

made the bed and made the room tidy. By her instruction the children procured medicine from the dispensary and milk from the diet kitchen. During one of her visits she found that Mrs. A.'s greatest fear was that she would be obliged to go to a hospital and that the children would be placed in a home. She told the nurse that every time she tried to sleep, in imagination she saw the children being carried off by strangers, and that their crying in her ears when she awoke was sweeter than any music she had ever heard.

The doctor hoped that two months in bed most of the time might put Mrs. A. into a physical condition to support her family again.

The family was referred to the Case Committee for that district. With this temporary treatment in view, a plan was made to help her. A member of the Case Committee, on hearing of the family, very generously offered to pay a woman to go in and cook for the children and boarders. Another offered to give some money as a Christmas gift, and a third said that she would send a Christmas dinner.

A suitable charwoman was found, who went in every morning at six o'clock, made the fire and prepared the breakfast, dressed the children and sent them to school. Then she gave Mrs. A. her nourishment, cleaned the place and made the beds. At noon she attended to the children and sent them back to school. The mother became more cheerful and improved slowly. After a while she was prevailed upon to accept permanent aid from a relief society with the understanding, however, that the children were not to be pauperized.

Special Notice to Club Subscribers

THE PUBLIC HEALTH NURSE QUARTERLY has increased so greatly in size during the last few years and, of course, in cost proportionately, that it is no longer found practicable to allow the club rate of fifty cents each for forty subscribers and over.

The subscription rates for the QUARTERLY were calculated upon the cost of the original issue (1909), when the publication was first put forth as the *Visiting Nurse Quarterly*, by the Visiting Nurse Association of Cleveland. This first volume contained 233 pages. In 1913 the QUARTERLY became the property and official organ of the National Organization for Public Health Nursing and the name was changed to PUBLIC HEALTH NURSE QUARTERLY. The volume for 1913 contained 418 pages; and that of 1916 was enlarged to 509 pages.

It will readily be understood that a subscription computed to cover the cost of the first volume will not cover that of the seventh, even though there is, of course, a very large increase in the number of subscribers. We find it necessary, therefore, to announce that

BEGINNING WITH THE ISSUE OF JANUARY 1917 CLUB SUBSCRIPTIONS OF LESS THAN SEVENTY-FIVE CENTS WILL BE DISCONTINUED.

The fifty cent subscriptions will be received to commence with the present October number, so long as it lasts. The seventy-five cent club rate for twenty subscribers and over; and the combination subscriptions with the *American Journal of Nursing*, and the *American Journal of Public Health* will also be continued for the present.

The National Organization for Public Health Nursing Question Corner

600 Lexington Avenue, New York City

1. Should physicians be the chiefs of public departments?

Until very recently physicians have been better qualified than any other men for the duties of health officer, but with the rapid growth of the modern health movement, the duties and responsibilities of that important office have come to be regarded as a new profession for which new postgraduate schools are now being founded. The Rockefeller Foundation's gift of $5,000,000 for such a school as a part of Johns Hopkins University, of which our eminent friend Dr. William H. Welch is the honored head, is the latest expression of the public's newly acquired conception of this officer whose work should be the foundation of all health work.

Whenever states are developing a thorough-going program of health protection and education, they are making the *specially trained, full-time* health officer the corner stone of their plan. In some places, amalgamation of city or town and county health administration is being urged both as an economic and efficiency measure chiefly because it makes more possible the employment of this all-important officer.

2. Should nurses be governed by boards of lay women? If so, how can a public health nurse best gain the consent of these people in order to develop new lines of work?

a. Whether the question refers to a large organization in which the superintendent of nurses is the representative of her staff nurses before the board of lay people, or to one nurse working alone under the direction of the board, the answer is practically the same. It is unfortunate indeed if there is *not* such a board composed of representative citizens. Note that we say representative rather than influential, for democracy is always stronger than patronage, although it should be clearly understood that it is frequently true that a person often has

the very best influence in his community because he is particularly representative of its best elements.

b. A liberal minded board of directors seeks and even waits a long time, if necessary, to find a nurse who has had special preparation and experience and who possesses initiative and executive ability and the other qualities of leadership. Having secured such a woman, their attitude toward her is "We expect you to guide us in the development of the professional aspects of our work and of our program of community service. We shall be your Court of Appeal in doubtful matters and your advisors in all things and we shall expect to pass judgment upon your plans before you put them into operation, thereby guarding against financial embarrassments and disagreements in policy." The nurse recognizes that in such a board she finds security and support. She is relieved of undue responsibility. She respects the decisions of the majority even though they are at variance with her own. Such relations beget and maintain mutual respect and confidence and coöperation. When these are no longer possible, any self-respecting nurse withdraws. While she should shun every tendency to be hypersensitive and discount personal differences, she should always be keen to recognize persistent evidences of disapproval and lack of confidence in her, as expressed in the votes of her board on important questions.

3. Is charity organization work considered public health work? If not, how can a nurse doing this work be permitted to hold office in a public health nursing society?

a. It is not. This question is answered on page 4 of our August *Bulletin*—Relief-giving.

b. She is eligible to membership in a public health nursing society by virtue of her nursehood. Moreover, most nurses associated with charity organization societies do excellent social service work, which is included in the term public health nursing, because the one is bound to be involved wherever the other exists.

4. If a nurse marries while employed in a nursing society should she be retained on the visiting staff?

It is not a question of "*should* she be retained" but rather, are her services still acceptable to her directors? She should

not marry without their *previous* consent during the period of her contract with them, because her marriage is bound to impose upon her other insistent claims which may at any time conflict with her obligations to the association to which her services are pledged. This may be a good and sufficient reason for the directors' decision not to renew their contract with her, especially if her husband is in poor health. Two such instances have come to our attention recently.

5. Ought tuberculosis nurses doing only educational work to wear a uniform?

This is still a mooted question, and while we have no assurance that we express the judgment of the majority, we believe we are safe in saying that a uniform should *not* be worn if it represents *only* tuberculosis nursing, because it becomes a placard to the neighborhood that tuberculosis exists in a given house which often works serious and wholly unwarrantable hardship on the patient and his family. It must not be inferred, however, that anything but washable dresses should be worn even in purely educational work, because the contacts are constant and close. In the judgment of many, a modified uniform, called a standardized dress, is far preferable to promiscuous styles which all too often lack the dignity of good taste and suitability. A symposium on the question of uniforms can be found in the QUARTERLY, Volume IV, No. 4.

6. When will the changes in the constitution and by-laws go into effect?

The radical changes in our constitution and by-laws, which were thoroughly discussed and unanimously recommended by the members who attended the 1916 convention, will be formally adopted at the convention in Philadelphia April 25 to May 2, 1917, after which they will immediately go into effect.

News Notes

The U. S. Department of Agriculture recently issued information on the care of milk, entitled "The Three 'C's' of Caring for Milk in the Home." According to the dairy specialists of the department these are:

Keep milk { Clean, Cold, Covered }

RESCUING THE MILK

Very practical and simple advice is given for the care of the milk from the time that it is delivered at the doorstep of the consumer, and special stress is laid upon the necessity of placing it at once in the refrigerator.

Milk should be delivered and kept at a temperature of 50°F., or lower—the colder the better. At such temperatures bacteria develop very slowly and milk undergoes little change until consumed. A slight rise in temperature above this point, however, permits bacteria to multiply rapidly and brings about rapid deterioration of the milk, which may render it unfit for ordinary use and make it highly dangerous for babies and little children. For this reason bottled or other milk should not be allowed to remain in a warm place, as on a sunny porch or in a hot kitchen, for a moment longer than is necessary.——The refrigerator where milk is stored should be cleaned regularly, especial care being given to keeping the drip pipe free and clean. The ice rack also should be cleaned and any place where food is kept or milk stored should be scalded occasionally with sal-soda solution.——No matter how clean the refrigerator, milk should never be kept in an open vessel. As milk absorbs odors easily, such food as fish, cabbage or onions should not be kept in proximity to it.——Milk bottles should never be taken into a sick room. In case of infectious or contagious disease, all bottles should be boiled thoroughly and not be returned to the dealer without the express permission of the attending physician.

Further information on this subject may be obtained by writing to the U. S. Department of Agriculture, Washington, D. C., for Farmers' Bulletin 413, "Care of Milk and Its Use in the Home."

The U. S. Department of Agriculture has issued the following warning in regard to fraudulent infantile paralysis "cures:"

"Officials of the Department of Agriculture charged with the enforcement of the Food and Drugs Act expect that the outbreak of infantile paralysis will tempt unscrupulous persons to offer for sale so-called "cures" or remedies for this dread malady. They, therefore, have issued special instructions to the Food and Drug Inspectors to be particularly alert for interstate shipments or importations of medicines, the makers of which allege that they will cure or alleviate this disease, for which, at the present time, no medicinal cure is known."

The Chicago School of Civics and Philanthropy, in coöperation with several of the Public Health Nursing agencies of Chicago, offers two special courses for public health nurses during the winter of 1917—the first, to cover an entire

school year, and the second, for those unable to give so long a period, a course lasting for four months.

The Public Health Nursing Association of Terre Haute was recently formed with the object of coördinating the public health nursing work now being done in the city, which has hitherto been carried out by various independent organizations, with no central office and no regular districts. Under the new association the city will be divided into districts with a nurse in charge of each, so that the community will know where to report cases in need of nursing care.

In connection with one of its Triennial Conventions held in Boston on June 5, the Metropoliton Life Insurance Company gave a banquet at the Hotel Somerset, at which a large number of invited guests were present, among them, the President and several of the officers connected with the Boston Instructive District Nursing Association, and about 25 nurses.

Mrs. Codman, President of the Boston Instructive District Nursing Association, made an interesting after dinner speech and was received with much enthusiasm. We quote a part of Mrs. Codman's remarks as being of interest to nurses and associations in general:

It is a great pleasure to me to come here tonight, and it gives me a chance to thank the officers of this company and all the agents of this company, for helping in the cause which has been very dear to the hearts of our Association for thirty years. It is very interesting to me, and really very thrilling to us, to imagine what the original members of our organization would have thought on looking at all you five hundred men and women, knowing that you are carrying on the work begun thirty years ago, with one nurse down in the poorest district of Boston.

About seven years ago Dr. Frankel came to us with the idea that we could nurse the industrial policyholders of the Metropolitan Life Insurance Company. That interested us very much, because it was going to develop the work more and more, as we had been trying to develop it, to reach the people of limited means.

Therefore, when Dr. Frankel came to us and said that he wished us to nurse the industrial policyholders, we welcomed him, because we were then able to reach out in a larger field than ever before. Consider what would have happened to us if we had not had the Metropolitan Life Insurance Company, if we had not sent our nurses out to do its work. We should have just gone along very slowly, because we have not your privi-

leges. (Was it Mr. Fiske who said that you had a contract right to knock at the door every Monday morning?) We have only the right to go and come when we are called. We consider that to a great many people who live in the poorer homes, a nurse sometimes has to go without being called, but we do not have the contract right. So that now, to feel that every one of you here has the chance to bring to us the names of all the policy-holders who need us, is encouraging.

Mrs. Codman then spoke of the administrative side of her work, and argued for the highest standards, and even invited the company to investigate to see whether the work of the Association was being efficiently done, or too much was being charged for the visits.

Mrs. Codman emphasized the potential power resting with large corporations to broaden and extend the field of public health work by joining hands with associations giving this type of service in the community.

Prof. S. M. Gunn, Secretary of the American Public Health Association, also made a stirring address and paid special tribute to the work being done by public health nurses as follows:

Whenever I speak of any matter of health, I cannot refrain from saying a work with regard to health nurses, becauses I believe that the health nurse of today is the most useful, the most important agent that is known, and probably ever will be known, in transmitting to the people the information which they should have. Our printed matter, our lectures, our moving pictures are all useful, but the spoken work is the most useful method of all, and I know of no more effective way of giving it out than through our modern health nurses.

That health insurance legislation is near at hand and that it will open out a vast educational movement for "Health First" is the opinion of Dr. John B. Andrews, secretary of the American Association for Labor Legislation.

Dr. Andrews, whose organization is responsible for the drafting and introduction of health insurance bills into the legislatures this year of New York, Massachusetts and New Jersey, was speaking at the conference on health insurance held in the Gibson Hotel under the auspices of the Council of Social Agencies, the Chamber of Commerce and the Federation of Churches on April 4.

Dr. Andrews said:

The need for health insurance with its medical care and cash benefits, is admitted by all open-minded people who are familiar with the conditions of the workers of this state. Here in Cincinnati Dr. Robinson of the U. S. Public Health Service, found that 1.1 per cent. of 20,000 workers in various industries were suffering from tuberculosis. This is an unusually good showing. In Cleveland, the largest city in the state, an investigation of three working class districts disclosed that the tuberculosis rate per thousand in 1912 was 35 for the worst district, 23 for the average, and 5 for the best. In 26 German cities under the influence of health insurance the death rate from tuberculosis has been reduced from 34.6 per ten thousand in 1880 to 17.9 per ten thousand in 1909. Recent studies in American cities have revealed that medical attendance is a luxury indulged in only by those acutely ill, and that 40 per cent. of those who became ill were not attended by a physician. Health insurance would meet this need, and would give moderate financial assistance to the sick wage-earner who is often forced to seek charitable assistance.

The model bill for health insurance, drafted by the American Association for Labor Legislation, requires insurance of all manual workers, and of all other employees receiving less than $1,200 a year, with a few exceptions. Insurance funds are to be accumulated in local and trade mutual associations by assessing employers and employees each for two fifths of the burden and the state for the other fifth. The benefits include medical, surgical, and nursing attention, medicines and accessories, hospital care, a funeral benefit, and maternity care for insured women, and also a cash benefit equivalent to two-thirds of wages for twenty-six weeks.

The Summer Course offered by the New Haven Visiting Nurse Association includes six months of theoretical and practical work in Public Health Nursing. Opportunity is given for practical experience in the different branches of the work, including general, tuberculosis and infant welfare nursing. Municipal and philanthropic institutions are visited. The superintendent and her assistants hold classes for instruction and examination, and a definite course of reading is required. In 1916, the second year in which the course was given, several new features were added and the outline to be followed revised. Lectures were given by several doctors on special subjects. Prof. C. E. A. Winslow generously gave a course of six lectures to which all of the visiting nurses were invited. Through the courtesy of two professors at Yale several courses of especial interest to nurses and social workers were opened to them. It is planned to make this summer course a permanent feature of the work of the association.

At the request of the Civic Federation five of the Visiting Nurses of New Haven, Conn., gave this summer for the second year a series of talks in the summer schools. The talks were given weekly for seven weeks, and covered personal hygiene with emphasis on the prevention of illness. A demonstration was given each week including baby's bath and proper clothing, care of food and milk bottles, bed bath, bed making, application of counter-irritants, simple first aid drill, tooth brush drill.

The groups of children included boys and girls, and averaged between fifty and sixty each, with ages ranging from six to fourteen. The nurses feel that the children showed much more enthusiasm this year than previously. The work was financed by the Civic Federation.

Book Reviews and Bibliography

Nursing Problems and Obligations. By Sara E. Parsons, R.N., Superintendent of the Training School for Nurses, Massachusetts General Hospital. Whitcomb and Barrows, Boston. $1.00 net.

We have waited long for a thorough and comprehensive treatment of the subject matter of Miss Parsons' book, but with its publication our patience has entered into an abundant reward. Our minds, perhaps a little jaded with the increasing high lights thrown upon the screen of our professional life, turn gratefully to the shrewd and kindly scanning of the elementary as well as the deeper considerations of nursing problems and obligations.

The problems that beset the path of the nurse from the moment she enters—for the most part, in touching ignorance—on her preparation for an exacting career, to the fulfilment of the many and varied responsibilities following her professional education, are taken up with admirable lucidity and a very sympathetic understanding. Hers is a ripe wisdom which does not forget the importance of the infinitesimally small and which does not disdain to point out to the junior nurse such "familiar pitfalls" as unwise confidences and hasty criticism, a wisdom which goes on to direct attention to need for character building and the acquisition of the homely virtues of self-denial, of energy and of thrift, as well as the cultivation of an intelligent interest in the broadening aspects of a profession constantly revealing new possibilities of far reaching service.

Each phase of the evolution of the probationer into the finished product of our training schools, the essential influences brought to bear, the necessary discipline, cultivation of independent thought and action, recognition of values and a right perspective, shows, as Miss Parsons deals with each in detail, the authority of a rich experience and of a singularly clear and steady outlook.

The relation of the nursing staff to the complex organization of our modern conception of a hospital as a health center

and the nurse's reasonable allegiance to the administrative body, the medical staff and the heads of the various departments, is depicted with a frank appreciation of difficulties and a saving sense of humor. The practical suggestions for the maintenance of satisfactory relations are of an admirable simplicity and directness. It is interesting to find that Miss Parsons' contact with the wonderfully developed Social Service Department of the Massachusetts General Hospital leads her to express the hope that this experience will come to be recognized as part of the training school curriculum.

The chapters on specialized nursing and on the activities of the graduate nurse present succinctly the essential information all nurses should, but unfortunately do not, acquire by the time they are ready to take up an independent professional life.

Dr. Richard Cabot, in his appreciative preface, says, "Miss Parsons hazards some vigorous opinions as to the present limitations and future reforms of training schools for nurses, with which I am in hearty agreement." It is, perhaps, high time that these opinions, held firmly and hopefully by the leaders in our profession, should be frankly stated not only to nurses, but to hospital authorities, the medical profession and the public generally with the convincing clearness and moderation Miss Parsons displays in her chapter on "Looking Ahead," and the general interest of the book will, we believe, insure a wide circle of appreciative readers outside those of our own profession.

We finish the book with a new and deep sense of the noble beauty of the "Ethics" of our art—also with a grateful realization of the inspiration and the stimulus it holds not only for us of the present, but for those who yearly bring into our ranks a fresh and ardent enthusiasm for those ideals which we of an older generation have seen held high under many difficulties and discouragements.

ADA M. CARR.

A Manual of Practical Nursing. Prepared for the Washington University Training School for Nurses in the Barnes and St. Louis Children's Hospitals. Edited by Helen Lillian

Bridge, B.S., R.N., Asst. Supt. and Instructor of Nurses, Washington University Training School for Nurses, St. Louis. Published by C. V. Mosby Co., St. Louis.

The object of this little manual is to supplement the text book used by the pupil nurses. It consists of lists of requisite articles for all kinds of treatments and examinations of patients, diet lists, instructions for collection and care of specimens, admission and discharge of patients and all other routine hospital procedures. It is interleaved with blank pages, which gives opportunity for additional notes.

The compilation of this manual seems well worth the effort, as its use must eliminate many mistakes and make for greater efficiency in the nursing staff.

It is to be hoped that a similar effort will be made by other hospital instructors, as this would be a long step toward standardization.

MARY L. WAKEFIELD.

"Mademoiselle Miss," Letters from an American Girl Serving with the Rank of Lieutenant in a French Army Hospital at the Front. W. A. Butterfield, Boston.

"These letters, written in the heat of action, 'for one and for one only' " and now published without the knowledge of the writer, cannot be more fittingly described than in the words of Dr. Richard C. Cabot, who has written a brief introduction to them: "Intimate, holy, comforting things stand here and there unharmed in the wrecked villages of France and Belgium —a crucifix still erect, a sewing-machine, a baby's cradle. But the record, written 'while the instruments are boiling in the sterilizer,' is itself one of the most intimate and holy things which has been saved for our comfort out of the whirlpool of embattled Europe. We need the message to keep us sane as we face the horrors of war; even more perhaps to show us the horrors of peace, its awful, silent power to paralyze our faculties, till they are released by the fight against war, by the struggle to save life and to banish despair. What the writer of these letters did for the wounded in France needs no re-telling here. But what her loving care of the wounded did for her, and might have done for many of us, her unawak-

ened fellow-countrymen, I will venture to sum up. Despite her fourteen hours daily labor amid the blood and anguish of the hospital she 'begins for the first time in her life to feel as a normal being should.' Why? Because so much new vigor has been born in her. Under the divine pressure of necessity she becomes inventive as well as competent. The very tools of her trade are often wanting. Inspirations for constructing them 'out of nothing' rise in her. Still better inspired she soon becomes the mother, as well as the nurse, of her charges. Her touch is 'as light as a watchmakers': her strength suffices to carry a sick man in her arms from his bed to the operating-room, and 'there shall be a towel for every man or I will go undried.' But when at the end of the day she 'has stuffed cotton under all the weary backs and plastered limbs,' she 'bids all my children good night.' Later she has them propped on their pillows in anticipation of the Christmas tree she has dressed for them. Again it is one of her 'children,' dragged back from death by her good nursing, but still only the wan shadow of a man, who 'laughs and tries to clench his fist inside the dressings to show me how strong he is.' He laughs—and that too is her inspiration. . . . I find in these letters some fragment of true Atonement for the huge sin and blunder of the war. Some deeds of the children of men are better and more beautiful than ever they would have been but for this brave struggle to retrieve something out of the waste and welter of evil."

Articles, Bulletins, Etc.

An interesting paper on "School Nursing in Small Communities" was read by Miss Crandall before the meeting of the American School Hygiene Association held recently. It is published, by special request, in the *American Education*.

The July Bulletin of the National Association for the Study and Prevention of Tuberculosis contains the first announcement of Red Cross Christmas Seals for 1916, and gives useful information in regard to some of the supplies of the National Association, such as buttons, medal pins, circulars, lantern slides, etc., and how they may be obtained.

Index photographed at the
beginning for the convenience
of the microfilm user.